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ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1907,
INCLUDING A
SUMMARY OF THE ANNUAL REPORTS OF THE
DISTRICT MEDICAL OFFICERS OF HEALTH.

BY
C. W. F. YOUNG, M.D., D.P.H.,
County Medical Officer of Health.

London:
HARRISON AND SONS, ST. MARTIN'S LANE,
Printers in Ordinary to His Majesty.

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Administrative County of Middlesex.



REPORT on the Vital Statistics and Public Health Administration, 1907.

AREA OF COUNTY. NUMBER OF SANITARY DISTRICTS.
INHABITED HOUSES.

During the year 1907 a slight alteration was made in the area of the Administrative County. This took place owing to the necessity of a rectification of the boundary between the County of London and the County of Middlesex, in that part where the districts of Stoke Newington and Hackney abut upon the district of Tottenham. Inquiry was held by the Local Government Board upon the joint application of the two County Councils concerned, with the consent of the local districts, and as result the application for alteration of that part of the boundary between Hackney and Tottenham was granted, but was not granted as regards that portion between Stoke Newington and Tottenham. The effect of this, so far as area is concerned, is that 1·646 acres are transferred from Middlesex to London and 2·836 acres are transferred from London to Middlesex, or an increase to Middlesex of 1·19 acres. As regards population, there was a net gain to Middlesex of 161 persons on the census figures of 1901.

The acreage of the County and the number of separate districts are set out in the following table :—

	Number.		Area in acres.		Inhabited houses.
	Census 1901.	1907.	1901.	1907.	Census 1901.
Municipal Boroughs	—	2	—	5,822	—
Urban Districts	29	30	88,105	93,970	125,204
Rural „	4	4	60,595	48,909	10,227
The County ..	33	36	148,700	148,701	135,431

The 36 sanitary districts set out in the above table comprise in all 60 civil parishes. In 29 instances, viz., one rural and 28 urban districts, each district consists of a single parish. In the remaining seven, each district contains more than one parish, as follows :—

*Urban Districts.**Parishes.*

Brentford	1. Old Brentford Parish.
	2. New Brentford „
Greenford	1. Greenford „
	2. Perivale „
	3. Twyford Abbey „
Heston and Isleworth ..	1. Heston „
	2. Isleworth „
Uxbridge	1. Uxbridge „
	2. Hillingdon West „

<i>Rural Districts.</i>				<i>Parishes.</i>
Hendon	..	..	..	1. Harrow Weald Parish.
				2. Pinner „
				3. Edgware „
				4. Great Stanmore „
				5. Little Stanmore „
Staines	..	..	..	1. Ashford „
				2. Hanworth „
				3. Laleham. „
				4. Littleton „
				5. Shepperton „
				6. Cranford „
				7. Bedfont „
				8. Harlington „
				9. Harmondsworth „
				10. Stanwell „
Uxbridge	..	..	..	1. Cowley „
				2. Hillingdon East „
				3. West Drayton „
				4. Yiewsley „
				5. Harefield „
				6. Ickenham „
				7. Northolt „

POPULATION.

After the lapse of six years since the taking of the census, it is a matter of considerable difficulty to estimate the population of a district, and this especially applies to an area in which expansion is taking place to an extent such as is the case in the metropolitan area outside the boundary of the County of London. As in former years, it has been thought best, in order to arrive at an estimate,

to regard the population in 1907 of the County of Middlesex as a whole, as being the sum of the estimated populations of each of the separate sanitary districts which it comprises, which estimates are given in the annual reports of the district medical officers of health. As the result of a conference between these officers and myself some four years ago, the estimates are for the most part based upon the number of houses in each district known to be in occupation at the middle of the year under review. This number is then multiplied by the average number of persons per inhabited house at the taking of the last census. This method—whilst it is open to error, owing to the fact that in the interval since 1901 the nature of occupation of houses may have changed—is, I think, less open to objection in the case of Middlesex than another method sometimes made use of, which is based on the assumption that the rate of increase since the last census has been the same as it was in the previous decade.

In last year's report the reason was given for taking the estimated population at the middle of the year. Explanation was also given of the methods which may be adopted in estimating population, and the reasons for adopting, in the case of Middlesex, the method referred to above were also set out; so there is no necessity to repeat these.

Adopting the method referred to above it is found that the gross estimated population of the Administrative County of Middlesex at the middle of 1907 was 1,059,684.

The following table gives for comparison the population enumerated at the census of 1901 and of 1891, together with the estimate for the middle of 1907 :—

	Population (enumerated).				Population Estimated.
	1891.		1901.		Middle 1907.
	Persons.	Males.	Females.	Persons.	Persons.
Urban Districts ..	501,470	346,087	395,062	741,149	1,008,095
Rural Districts ..	41,424	24,974	26,191	51,165	51,589
The County.. ..	542,894	371,061	421,253	792,314	1,059,684

In connection with the enumerated and estimated population of rural districts in 1901 and 1907 respectively it needs to be mentioned that in the interval between these two years three parishes in rural districts became urban districts. This accounts for the small increase in population in the case of rural districts.

Since 1891, or during a period of sixteen years, the population has nearly doubled itself.

The following figures show the estimated amount of increase which has taken place in each year since the census enumeration in 1901 :—

Census 1901	..	..	792,314	(including institutions)		
Estimated middle	1902		832,725		„	„
„	„	1903	886,629		„	„
„	„	1904	936,966		„	„
„	„	1905	974,067		„	„
„	„	1906	1,015,059		„	„
„	„	1907	1,059,684		„	„

In the following table are set out in detail the enumerated population in 1901, and the estimated population 1907 of each of the constituent districts :—

District.						Census 1901.	Estimated middle 1907.
URBAN.							
Acton	..	..	..	..	..	37,744	53,000
Brentford	..	..	..	..	..	15,171	16,050
Chiswick	..	..	..	..	..	29,809	35,970
Ealing (<i>Borough</i>)	..	..	..	..	..	33,031	49,588
Edmonton	{	District	..	..	..	44,911	59,434 }
		Institutions ¹	..	..	..	1,988	
Enfield	..	..	..	..	..	42,738	54,688
Feltham	..	..	..	..	..	4,534	5,906
Finchley	..	..	..	..	..	22,126	36,321
Friern Barnet	{	District	..	..	..	8,816	10,237 }
		Asylum ²	..	..	..	2,750	
Greenford	..	..	..	..	..	819	1,050
Hampton	..	..	..	..	..	6,813	9,300
Hampton Wick	..	..	..	..	..	2,606	2,532
Hanwell	..	..	..	..	..	10,438	20,160
Harrow	..	..	..	..	..	10,220	14,860
Hayes	..	..	..	..	..	2,594	3,000
Hendon	{	District	..	..	..	21,685	29,000 }
		Institutions ³	..	..	..	765	
Heston and Isleworth	..	..	..	..	..	30,863	34,351
Hornsey (<i>Borough</i>)	..	..	..	..	..	72,056	90,221
Kingsbury	..	..	..	..	..	757	815
Ruislip-Northwood	..	..	..	..	..	3,566	5,330
Southall-Norwood	{	District	..	..	..	10,365	21,352 }
		Asylum ⁴	..	..	..	2,835	
Southgate	..	..	..	..	..	14,993	28,500
Staines	..	..	..	..	..	6,688	7,252
Sunbury	..	..	..	..	..	4,544	4,680
Teddington	..	..	..	..	..	14,037	17,900
Tottenham	..	..	..	..	..	102,541	139,240
Twickenham	..	..	..	..	..	20,991	27,000
Uxbridge	..	..	..	..	..	8,585	9,400
Wealdstone	..	..	..	..	..	5,901	11,330
Wembley	..	..	..	..	..	4,519	8,303
Willesden	..	..	..	..	..	114,811	144,376
Wood Green	..	..	..	..	..	34,233	49,000
RURAL.							
Hendon	..	..	..	..	..	8,647	12,213
South Mimms	..	..	..	..	..	2,671	2,840
Staines	..	..	..	..	..	18,095	23,000
Uxbridge	..	..	..	..	..	11,058	13,536

¹ The Strand Union Workhouse and Edmonton Union Workhouse, in which sick persons from other districts are lodged, and the Strand Union Schools.

² London County Lunatic Asylum (Colney Hatch).

³ Cleveland Street Sick Asylum (Strand district) and Hendon Union Workhouse, in which sick persons from outside districts are lodged.

⁴ London County Lunatic Asylum (Hanwell).

It will be noticed in the foregoing table, that in the case of certain districts, the population is given under two heads, viz. : districts and institutions. These are districts in which exist buildings of considerable size for sick or infirm persons not belonging to the County of Middlesex. For the purpose of correcting the statistics of the County and especially of the districts in which these institutions happen to be, it is necessary that deaths amongst the inmates—and their death-rate would naturally be a high one—should be excluded. It is also necessary to exclude the whole of the alien population of which they form a part. On the other hand, it has to be remembered that the two lunatic asylums which house residents of Middlesex are not situated within the County area, and the deaths occurring in these asylums, together with their average population, must be included in the County total. Making correction in the above way it is found that the *statistical population* for 1907 is 1,056,700, as compared with the *gross estimated population* of 1,059,684.

The rates in this report are based upon the first of the populations mentioned.

BIRTHS.

The total number of births registered in the County during 1907 was 27,768.

This figure has been obtained by adding up the number of births recorded in each of the reports of the local medical officers of health of the thirty-six districts comprised in the County, and it is equivalent to an annual birth-rate of 26·3 per 1000 persons living.

COUNTY OF MIDDLESEX, 1907.

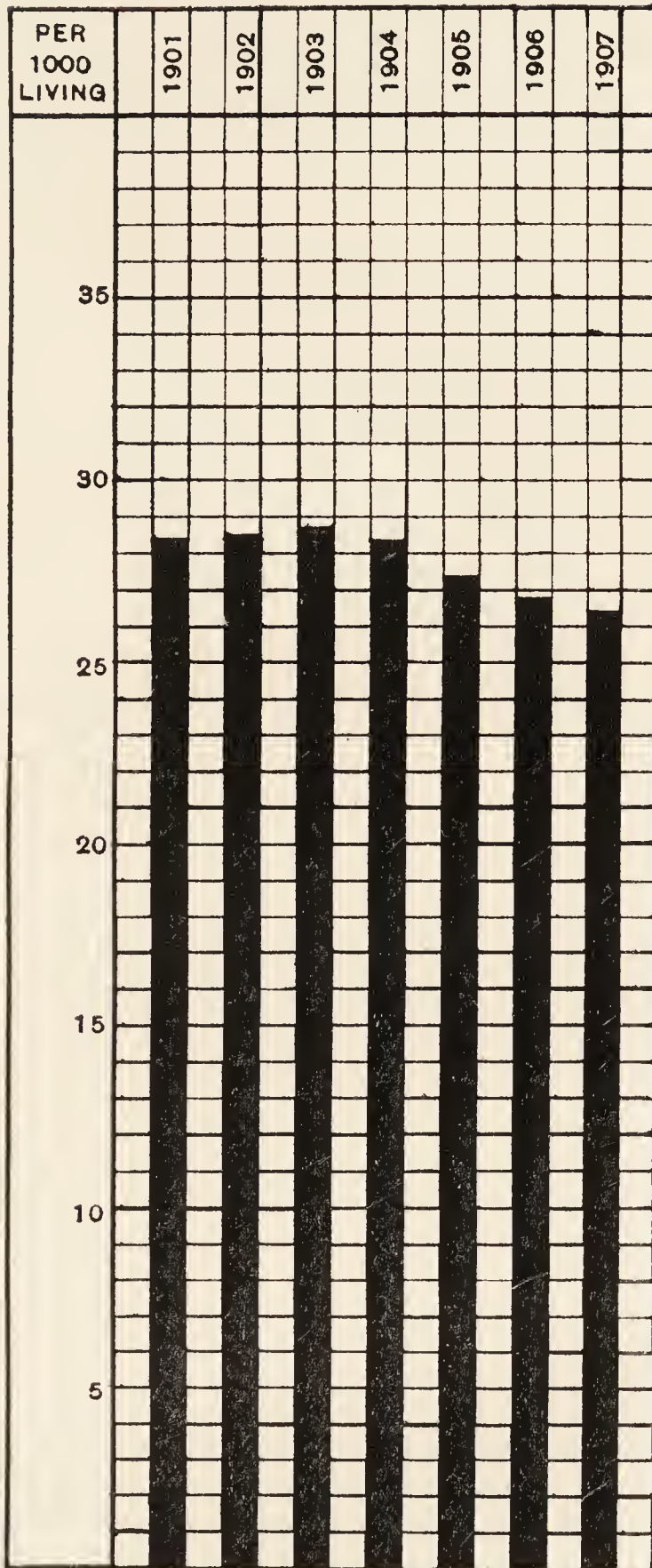


DIAGRAM 1,
SHOWING BIRTH-RATE PER 1,000 PERSONS LIVING.

The rates during recent years are shown in the accompanying table, and for comparison those of other places are also set out.

Birth-rates.

Years.	The County.		England and Wales.*	London.*	76 Great Towns.*
	Births.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.
1901	22,500	28·4	28·5	28·8	—
1902	23,766	28·5	28·6	28·4	30·0
1903	25,342	28·6	28·4	28·3	29·7
1904	26,392	28·3	27·9	27·7	29·1
1905	26,501	27·3	27·2	27·0	28·2
<i>Average, 1901-1905</i>		28·2	28·1	28·0	—
1906	27,035	26·7	27·0	26·5	27·8
1907	27,768	26·3	26·3	25·6	27·0

* The yearly rates for England and Wales, London, and 76 Great Towns, are taken from the Annual Summaries of the Registrar-General. The average for England and Wales, for the years 1901-1905, is from the 68th Annual Report of the Registrar-General. The London birth-rate is corrected for births occurring in lying-in institutions.

The birth-rate in Middlesex shows a decrease of 0·4 compared with that in the previous year, and of 1·9 when compared with the average for 1901-05.

In the following table the birth-rates in each of the thirty-six districts during 1907 are given:—

Births and Birth-rates in each District. 1907.

Births.

17

District.	Births.	Birth-rate per 1,000.	District.	Births.	Birth-rate per 1,000.
URBAN.					
Acton ..	1,538	29.0	Kingsbury ..	9	11.0
Brentford ..	519	32.3	Ruislip-Norwood ..	107	20.0
Chiswick ..	915	25.4	Southall-Norwood ..	677	31.6
Ealing (<i>Borough</i>) ..	1,228	24.7	Southgate ..	605	21.2
Edmonton ..	1,923	31.2	Staines ..	151	20.8
Enfield ..	1,432	26.1	Sunbury ..	123	26.2
Feltham ..	145	24.5	Teddington ..	391	21.8
Finchley ..	889	24.5	Tottenham ..	3,819	27.4
Friern Barnet ..	296	28.9	Twickenham ..	774	28.6
Greenford ..	22	20.9	Uxbridge ..	246	26.2
Hampton ..	186	20.0	Wealdstone ..	300	26.4
Hampton Wick ..	38	15.0	Wembley ..	167	20.1
Hanwell ..	493	24.4	Willesden ..	4,247	29.4
Harrow ..	350	23.5	Wood Green ..	1,449	29.5
Hayes ..	105	35.0	RURAL.		
Hendon ..	708	24.4	Hendon ..	216	17.6
Heston and Isleworth ..	1,135	33.0	South Mimms ..	58	20.4
Hornsey ..	1,524	16.8	Staines ..	606	26.3
			Uxbridge ..	377	27.8

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At the beginning of 1908 inquiry was made as to the number of births which had been attended during 1907 by certified midwives practising in the County. From the returns which these women sent in it appears that they attended alone 7,617 cases, and in the capacity of nurse, where medical men had been engaged, 987 cases. In other words, midwives attended rather more than one-quarter of the total births registered in Middlesex. It is not possible to say how many of these belong to each of the respective districts.

Notification of Births Act.

This Act was passed during 1907, and in those districts in which it is adopted after approval of the Local Government Board it may, in addition to the special object which it has in view, viz., the reduction of infantile mortality, lead to more complete and useful information as to the number of births actually occurring in a district. Further reference to this Act will be made later in this report.

DEATHS.

During 1907 there occurred 11,774 deaths amongst residents of Middlesex, which gives a "recorded" death-rate per 1,000 persons living of 11.1. This is the death-rate obtained after the total number of deaths actually registered in the County has been corrected by excluding the deaths of persons not rightly belonging to the County, and by including the deaths of residents which occurred in outlying institutions and were registered elsewhere. It is possible to make such correction as fully as possible owing to arrangements which the Council has made for obtaining information on the matter.

COUNTY OF MIDDLESEX, 1907.

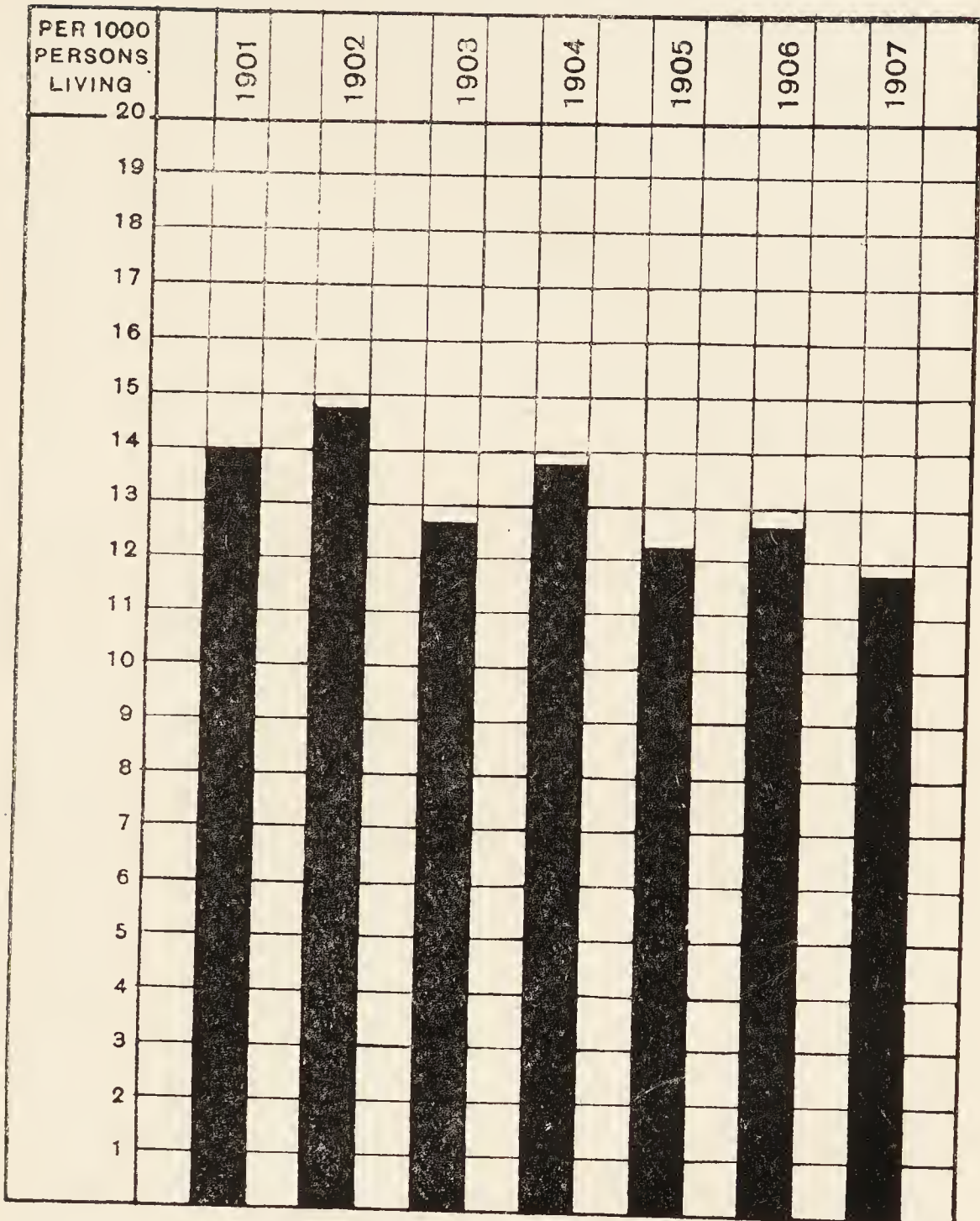


DIAGRAM 2,
 SHOWING DEATH-RATE FROM ALL CAUSES
 PER 1,000 PERSONS LIVING
 (CORRECTED FOR AGE AND SEX DISTRIBUTION).

In addition to the above correction, and in order that the death-rate may be compared with that of other areas, correction has also to be made for the *age and sex distribution* of the population as shown at the last census. Owing to the length of time since the census was taken, and to the changes which have taken place in the County, it is possible that the constitution of the population may also have changed, but it is the only means available for making such correction. In the table which follows, the rates have been corrected for age and sex distribution :—

Deaths and Death-rates. All Causes.

Year.	The County.		London.†	England and Wales.†	76 Great Towns.†
	Deaths (corrected).	Rate per 1,000 living.*	Rate per 1,000 living.*	Rate per 1,000 living.	Rate per 1,000 living.*
1901	10,562	14·0	18·7	16·9	—
1902	11,675	14·7	18·6	16·2	—
1903	10,645	12·6	16·4	15·4	—
1904	12,199	13·8	17·4	16·2	18·3
1905	11,233	12·2	15·8	15·2	16·7
<i>Average, 1901–1905</i>		<i>13·4</i>	—	<i>16·0</i>	—
1906	12,244	12·7	15·8	15·4	16·8
1907	11,774	11·7	15·3	15·0	16·3

* Corrected for age and sex distribution.

† From the Annual Summaries of the Registrar-General, except the *average* rate for England and Wales, which is from the 68th Annual Report of the Registrar-General.

It will be observed from the figures set out that during 1907 there was a well marked decline in the actual number of deaths as compared with the numbers in the years 1906 and 1904, although the former number represents the deaths of a rapidly increasing population.

Further, the fully corrected death-rate is the lowest which has to be recorded since the year 1900, and compares very favourably not only with the average of five years 1901-1905, but also with that of England and Wales as a whole, and other parts of the country.

Whether any part of the decrease in the rate is to be accounted for by some over-estimation in the population of the County it is not possible to say.

In last year's report I set out for comparison the death-rates of those districts in the County of London which abut upon Middlesex, and it will be well to do so for the year under consideration. The rates given are taken from the annual summary of the Registrar-General:—

Hammersmith	..	14·9	St. Pancras	..	15·7
Kensington	..	14·8	Islington	..	15·2
Paddington	..	14·4	Stoke Newington	..	12·0
St. Marylebone	..	16·0	Hackney	..	14·2
Hampstead	..	10·2	Middlesex	..	11·7

The various causes of death which contributed to make up the total of 11,774 deaths in the County are given in the following table. These are shown in six separate age groups and have been fully corrected by inclusion of deaths occurring and registered outside the County area and exclusion of deaths of non-residents.

Deaths belonging to the County of Middlesex registered during the year 1907. Corrected for Institution Deaths.

CAUSE OF DEATH.	0—	1—	5—	15—	25—	65 and up-wards.	Total at All Ages.
Smallpox	—	—	—	—	—	—	—
Measles.. ..	50	180	26	—	2	—	258
Scarlet Fever	—	61	29	2	5	—	97
Whooping Cough	149	185	7	—	—	—	341
Diphtheria and Mem- branous Croup	2	81	66	2	3	—	154
Croup	2	5	1	—	—	—	8
Typhus.. ..	—	—	—	—	—	—	—
Enteric	—	—	3	12	21	2	38
Continued Fever	2	—	1	—	—	1	4
Influenza	12	15	7	9	96	83	222
Cholera.. ..	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—
Diarrhœa	225	30	1	1	7	11	275
Enteritis	101	14	15	9	40	17	196
Puerperal Fever	—	—	—	9	32	—	41
Erysipelas	2	1	—	—	9	6	18
Other Septic Diseases..	3	4	1	8	32	18	66
Phthisis	7	27	26	136	650	42	888
Other Tuberculous Diseases	106	128	59	29	42	5	369
Cancer	—	5	5	10	486	350	856
Bronchitis	228	68	5	2	102	411	816
Pneumonia	341	275	44	33	337	179	1,209
Pleurisy	2	3	2	1	9	5	22
Other Respiratory Diseases	24	27	3	1	43	67	165
Alcoholism and Cirrhosis of the Liver	—	—	—	—	126	36	162
Venereal Diseases	28	1	—	1	4	3	37
Premature Birth	505	—	—	—	—	—	505
Childbirth	—	—	—	6	42	—	48
Heart Diseases.. ..	—	10	34	58	740	761	1,603
Accident	68	36	29	25	130	33	321
Suicide	—	—	1	7	62	5	75
All other causes	847	172	105	85	750	1,021	2,980
Total from All Causes	2,704	1,328	470	446	3,770	3,056	11,774

The arrangement referred to in the first part of this section, for obtaining information of deaths of residents occurring outside the County, is put by the Council at the disposal of each district medical officer of health, and early in the year a list of such deaths is forwarded to each one of these officers for use in his report. Information is also supplied of deaths which, although occurring in institutions in, and registered in the County, have occurred in other districts than those to which the persons rightly belonged. These for the most part are deaths occurring in the infirmaries of the different Poor Law Authorities. As a result the rates which are given in the following table, as to the mortality of each district, may be regarded as being corrected as fully as possible.

It will be observed on comparing the various rates that the highest occurred in Brentford, which has a death-rate well in excess of most districts ; indeed, for several years past the rate here has been unduly high. The circumstances of Brentford were, during 1907, the subject of investigation and report by Dr. Manby, one of the medical inspectors of the Local Government Board, and the facts which he set out in his report show that there exist insanitary conditions badly in need of remedy, and that there is a considerable number of old houses which, owing to their closeness, bad arrangement, want of open space, and generally dilapidated condition, must have influence in keeping up the death-rate at its present unsatisfactory figure.

It is satisfactory to record that vigorous attempt is now being made to deal with these conditions, and that already many houses have been closed, and that with more systematic inspection many other conditions prejudicial to the public health are being remedied.

COUNTY OF MIDDLESEX, 1907.

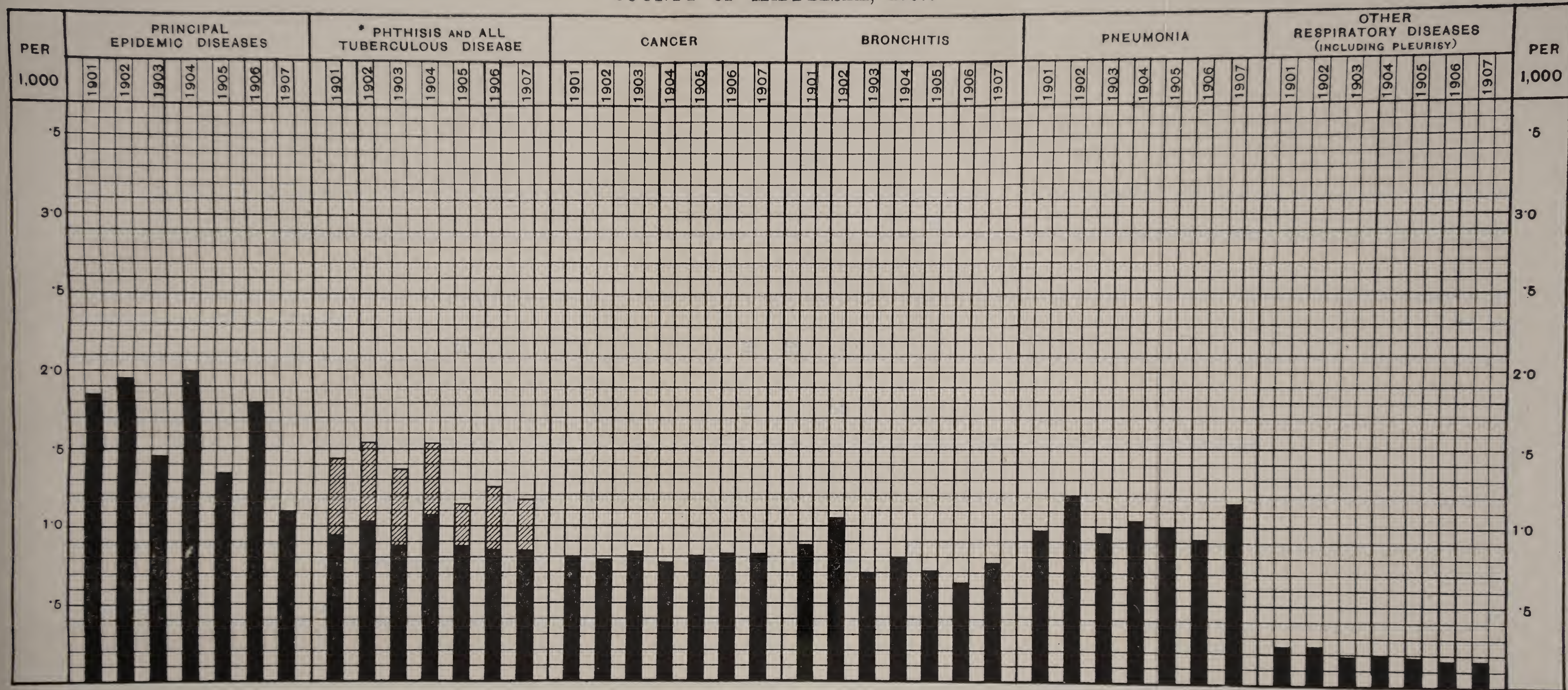


DIAGRAM 3,
SHOWING DEATH-RATES PER 1,000 PERSONS LIVING FROM
CERTAIN DISEASES.

* Black columns represent Phthisis or Pulmonary Consumption.
Black columns *plus* hatched columns represent *all Deaths* from Tuberculous Disease.

Death-rates corrected for Age and Sex Distribution.

—			Standard Death- rate.	Factor for Correction for Age and Sex dis- tribution.	Recorded Death- rate 1907.	Corrected Death- rate 1907.
<i>Urban.</i>						
Acton .. ..	..	..	17·45	1·04240	13·9	14·5
Brentford .. ..	..	..	17·51	1·03859	19·2	19·9
Chiswick .. ..	..	..	17·30	1·05174	11·5	12·0
Ealing (<i>Borough</i>) ..	..	..	17·03	1·06804	12·0	12·8
Edmonton .. ..	..	..	17·87	1·01785	13·3	13·5
Enfield .. ..	..	..	17·29	1·05198	12·3	12·9
Feltham ⁽¹⁾	—	—	12·2	—
Finchley .. ..	..	..	16·81	1·08227	9·8	10·6
Friern Barnet .. ..	..	..	16·89	1·07740	11·4	12·2
Greenford .. ..	..	..	19·78	·91982	11·4	10·4
Hampton .. ..	..	..	17·78	1·02300	10·3	10·5
Hampton Wick .. ..	..	..	17·71	1·02716	13·0	13·3
Hanwell .. ..	..	..	16·84	1·08040	8·8	9·5
Harrow .. ..	..	..	15·71	1·15834	6·9	7·9
Hayes ⁽¹⁾	—	—	14·6	—
Hendon .. ..	..	..	17·15	1·06063	10·3	10·9
Hes' on & Isleworth ..	..	..	18·02	1·00977	14·2	14·3
Hornsey (<i>Borough</i>) ..	..	..	15·97	1·13919	8·4	9·6
Kingsbury .. ..	..	..	16·91	1·07600	14·7	15·8
Ruislip-Northwood ⁽¹⁾	—	—	8·0	—
Southall-Norwood ..	..	..	17·31	1·05131	10·1	10·6
Southgate .. ..	..	..	17·40	1·04533	7·6	7·9
Staines .. ..	..	..	17·50	1·03948	11·0	11·4
Sunbury .. ..	..	..	18·09	1·00575	11·7	11·7
Teddington .. ..	..	..	17·37	1·04726	10·1	10·5
Tottenham .. ..	..	..	16·86	1·07931	11·9	12·8
Twickenham .. ..	..	..	17·64	1·03123	13·1	13·5
Uxbridge .. ..	..	..	18·83	·96628	13·9	13·4
Wealdstone .. ..	..	..	16·07	1·13203	8·3	9·4
Wembley .. ..	..	..	16·27	1·11846	10·0	11·1
Willesden .. ..	..	..	17·01	1·06979	11·8	12·6
Wood Green .. ..	..	..	16·57	1·09801	11·2	12·2
<i>Rural.</i>						
Hendon .. ..	..	..	16·97	1·07187	7·8	8·3
South Mimms .. ..	..	..	19·31	·94216	7·3	6·8
Staines .. ..	..	..	18·38	·99004	10·8	10·7
Uxbridge .. ..	..	..	18·65	·97576	10·6	10·3
The County .. ..	..	..	17·23	1·05600	11·1	11·7

⁽¹⁾ Figures for age and sex distribution not available, as this was not a separate district at last census.

INFANTILE MORTALITY.

The number of deaths of infants under one year of age during 1907, after full correction, is 2,704, which represents a death-rate of 97 per 1,000 registered births.

The rates during each of the last seven years are set out in the following table, together with those prevailing in London, in England and Wales, and in the 76 Great Towns.

Infantile Mortality.

Year.	Middlesex.			Lon- don.*	Eng- land and Wales.*	76 Great Towns.*
	Births.	Deaths (corrected) under 1 year.	Rate per 1,000 Births.	Rate per 1,000 Births.	Rate per 1,000 Births.	Rate per 1,000 Births.
1901	22,500	3,006	133	148	151	—
1902	23,766	3,063	129	139	133	—
1903	25,342	2,967	117	130	132	—
1904	26,392	3,602	136	144	146	160
1905	26,501	2,839	107	129	128	140
<i>Average 1901—1905 ..</i>			<i>124</i>	—	—	—
1906	27,035	3,278	121	131	133	145
1907	27,768	2,704	97	116	118	127

* From Registrar-General's Annual Summary.

From the figures given above it is apparent that there has been a general and well marked reduction in the mortality among infants, and that the rates for 1907 are in all cases the lowest recorded during the seven years.

In order to arrive at a conclusion as to the reason for this, it is necessary to analyse the causes which contributed to the deaths, and this it is possible to do owing to the information given in one of the tables required of medical officers of health by the Local Government Board. The facts set out in these tables have been compiled for the County, and the following shows the causes of 2,577 deaths:—

From the figures given in the foregoing table, it is seen that nearly one-fifth of the total deaths occurred within one week of birth, and that the bulk of these are due to premature birth. This means that a large number are due to ante-natal conditions, such as unhealthy mode of living on the part of the mother during pregnancy, employment up to within a short period of her expected confinement, or disease of one or both parents.

More than one-third of the deaths occurred during the first month of life, and half of these are ascribed to prematurity, whilst atrophy, or wasting diseases, come next in importance. Deaths from the latter disease, up to the end of the first year, comprise about one-eighth of the total number, and tend to indicate that ignorance and carelessness in the rearing and feeding of infants, or the too early weaning of children, are factors in increasing the death-roll of infants under one year of age.

The most marked feature, however, in this year's figures is the reduction in the actual number and in the proportion of deaths credited to diarrhoea. In 1905 these formed about one-ninth of the whole number, and in 1906 more than one-quarter, whereas in 1907 they were about one-thirteenth of the total deaths. It was pointed out in the report of last year, that associated with the large number of deaths from diarrhoea in 1906 there had been high temperature and deficient rainfall during the third quarter of the year. In 1907, although the amount of rainfall during the third quarter was but slightly less than in 1906, namely, 3·5 inches as compared with 3·8 inches, the mean temperature of the earth at a depth of some 3 feet was distinctly less, namely, 59·2 degrees compared with

62 degrees. Comparison of two years would not in itself justify a deduction as to the influence of climatic conditions upon the death-rate, but it is shown by the Registrar-General in his Annual Summary, that if the figures for the third quarter of the year are taken over a number of years, and if the highest and lowest death-rates respectively are grouped together, their relation to conditions of climate stands out prominently; the high death-rates correspond to years in which the summers were hot and dry, and the low rates to years which were cold and in which rain fell heavily. It would appear, therefore, that the rate of infantile mortality is to no small extent dependent on the number of infant deaths caused by diarrhoea, and that this is associated with conditions of temperature and rainfall.

Although the number of deaths from this cause was less in 1907 than in 1906, a much larger number of deaths, both actual and relative, has to be recorded from bronchitis and pneumonia, and these, in all probability, have also association with climatic conditions. Some of these deaths might, with the exercise of greater care and attention, have been averted.

Whilst the influence of climatic conditions in causing increase or decrease in infant mortality cannot be overlooked, it should by no means lead to slackening in the efforts which have been made of recent years, by the aid of health visitors, to lessen infantile mortality.

The factors which play part in bringing about infant mortality are many and complex, and the result of inquiry—and in this connection reference may specially be made

to the figures given in the report relating to Willesden, which contains the largest population of any one district in the County—shows that there is considerable ignorance amongst mothers as to the care, the rearing, and the feeding of infants, and there is no doubt that visits from female inspectors soon after the birth of children can do much in effecting improvement as to this, as well as in preventing want of cleanliness and the presence of other insanitary conditions in and about the home which undoubtedly have share in infant mortality.

An important aid in carrying on this work was provided during 1907 by the passing of the Notification of Births Act, the object of which is to obtain early information of the occurrence of births with a view to giving instruction and advice to those who have charge of infants. The Act is an adoptive one, subject to the approval of the Local Government Board, and in a circular issued by them to local authorities, after the measure was passed, it is stated that the Board would not be prepared to approve its adoption, unless it was shown that arrangements had been made by the local authority, either by the provision of special staff or by co-operation with some local agencies for the giving of such instruction and advice.

The Act makes it the duty of the father and of any person in attendance on the mother, at or within six hours of the birth of a child, to give notice in writing of the birth to the medical officer of health. This notice is to be given within thirty-six hours under liability to a penalty not exceeding twenty shillings. Such notification is to relate also to still-births.

COUNTY OF MIDDLESEX, 1907.

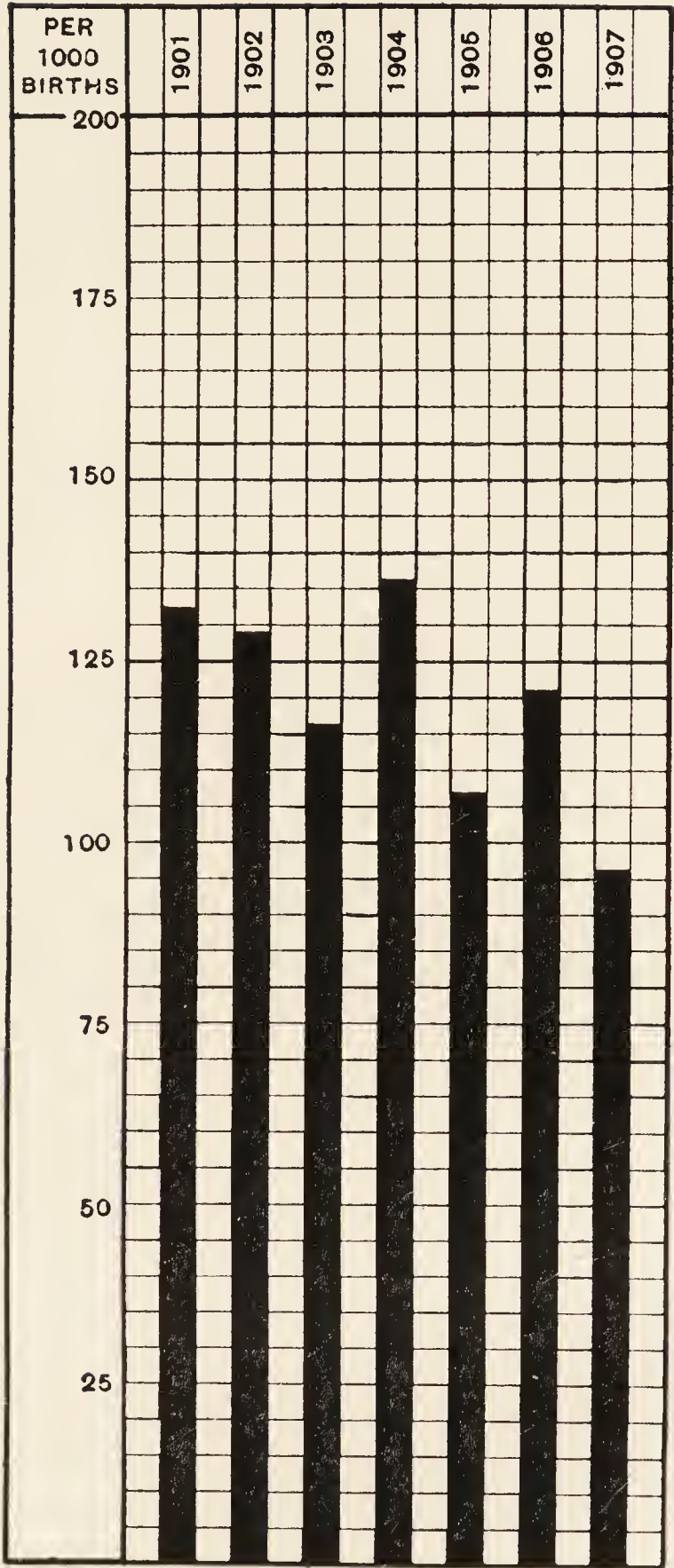


DIAGRAM 4,
SHOWING INFANTILE MORTALITY, OR
PROPORTION OF DEATHS UNDER 1 YEAR, PER 1,000 BIRTHS,

Previous to the passing of the Act the County Council, in connection with the administration of the Midwives Act, had already taken steps to obtain for the use of the local officials early information of the births attended by certified midwives. These women were provided with stamped forms upon which to make to the County Council a weekly return of the confinements which they had attended. The addresses on these returns were then distributed to the medical officers of health of the districts in which they occurred. The total number of births of which early information was thus obtained during 1907 was 5,278.

The more important references in the district reports to the subject of infantile mortality are as follows:—

Acton.—In this district the fall in the death-rate is not very marked, and Dr. Thomas deals with the subject at considerable length. It appears that the matter has been engaging the serious attention of the Health Committee, and that he was instructed to report specially on the milk supply of the district in its relation to the infantile mortality. Dr. Thomas points out that this is only part of the whole question, and that it is important in considering the matter to have regard to the circumstances which lead to hand-feeding in place of breast-feeding of infants. In the case of Acton, he points out that of recent years there has been a considerable increase in the number of laundries in the district, and that probably as many as 1,500 married women are engaged in these. As the result of inquiry specially made in the South-West Ward, it was found that one-third of the married women were engaged in laundry work, which would prevent them from suckling their children

for any length of time. In this ward 671 births were registered, and, as consequence of the employment of the mothers, some 200 infants in this area may be regarded as hand-fed not from choice, but from necessity. On the assumption that the milk obtainable for hand-feeding is open to criticism, there seems justification for adopting such methods as would ensure that this food should be supplied in the best form possible for infants, and Dr. Thomas discusses at length the various methods of dealing with milk, *e.g.*, pasteurisation, sterilisation, and modification, and the steps which have been taken in other places resulting in the establishment of infant milk depôts. It does not appear that up to the end of the year definite action on such lines had been adopted by the local authority. Dr. Thomas reports that as the result of philanthropic action a Day Nursery or Crèche was opened in January, 1908, in the South-West Ward, for 24 children, and in a short time the applications for admission were in excess of this number.

The Notification of Births Act has been adopted in the district.

Brentford.—In commenting on the reduced mortality, namely, 113 as compared with 140 in the previous year, Dr. Bott draws attention to the fact that it can in all probability be accounted for by climatic conditions. He proposes to “organise shortly a committee of ladies whose duty it will be to visit and advise mothers how to bring up their infants in the first year of life.”

Edmonton.—The infant mortality is the lowest recorded for ten years. During the year the appointment of a female inspector, which post had been discontinued for a

short period, was decided on, and she devotes a good deal of her time to visiting houses with a view to the avoidance of conditions inimical to infant life.

The Notification of Births Act, 1907, has been adopted by the District Council.

Enfield.—Dr. Ridge refers to the fact that the question of adopting the Notification of Births Act, 1907, is still under consideration, and expresses the opinion that visits made by a female sanitary inspector would probably lead to the saving of many infant lives.

Finchley.—Dr. Taylor reports that although the infant mortality is comparatively low, he had no hesitation in recommending the adoption of the Notification of Births Act, since many of their infant deaths are due to preventable causes, and this was agreed to by the local authority and approved by the Local Government Board. He gives an analysis, similar to one made last year, showing the effect of “social condition” as judged by the rateable value of the houses occupied, upon the infantile mortality.

Hanwell.—In this district the rate of mortality is usually high, but there was a marked decrease in 1907. Dr. Hope refers to the Notification of Births Act, but states it was decided not to adopt it at present, “owing to there being no district nurse or suchlike person” to assist in carrying it out.

Harrow.—A “Babies’ Health League” has been formed in the district and commenced work on June 1st. It was not considered necessary to adopt the Notification of Births Act.

Hendon (urban).—Dr. Andrew, in drawing attention to a marked reduction in the infantile mortality, comments on the influence of climatic conditions. He commends the appointment of female health visitors and the good work which they can do in instructing mothers on the care of infants.

Heston and Isleworth.—In this district the rate was 88 per 1,000 births, and is the lowest recorded for ten years. Dr. Steegmann enters into a detailed account of an endeavour experimentally made by the local authority after much discussion to deal with the infant mortality which has for several years past been a high one in this area. With a view to gaining definite information as to the causes the local authority sanctioned the employment of an unpaid lady health visitor for six months. She devoted her time, firstly, into inquiring into the circumstances of infant deaths, and, secondly, in visiting houses where births had recently occurred and giving advice as to the feeding of infants. Considerable difficulty was experienced in obtaining early information of births, and this fact affords strong evidence in support of the adoption of the Notification of Births Act, 1907, by the District Council. At the end of the six months the services of the health visitor were discontinued, though there can be no doubt of the value of the work of such an officer in tending to lower the infant mortality rate.

The Notification of Births Act had not been adopted up to the end of the year.

Southall-Norwood.—In this rapidly growing district, the rate is also usually high, but in 1907, a satisfactory decrease is recorded. Dr. Windle during the summer

advised the treatment of the surface of roads with oil tar, and this he thinks may, by allaying dust, have had influence together with the cool weather in tending to keep the death-rate down.

The District Council are considering the question of adopting the Notification of Births Act.

Sanbury.—Dr. Byham reports that many mothers in the district are employed in the fruit and vegetable gardens, and as a result infants are largely left to the care of young children or old and infirm women who are not able to attend to them properly, and he indicates that there is scope for good work by district nurses and lady visitors in connection with the care and feeding of infants.

Tottenham.—Whilst allowing for the effect in reducing infantile mortality of the favourable climatic conditions of 1907, Dr. Butler-Hogan indicates, by analysis of the different rates prevailing in different wards of the district, that other conditions have influence in causing infantile mortality, and he draws attention to the importance of encouraging rather than opposing the system in force of visits, by health visitors, to houses where births have recently taken place. The District Council have adopted the Notification of Births Act, 1907, so that it is to be hoped work in this direction, so important in poor districts, will not be relaxed in Tottenham. A long account is given of the children's protection system adopted in Hungary.

Twickenham.—After consideration it was decided not to adopt the Notification of Births Act.

Uxbridge (urban).—Leaflets as to the rearing of children are provided by the District Council, and are distributed by various agencies.

Wealdstone.—Dr. G. Butler reports: “At the beginning of the summer, leaflets dealing with this subject (*viz.*, infant mortality) were distributed from house to house,” and he recommends this course being followed each year.

Wembley.—The infant mortality was 89 per 1000 births, which is about the same as in the previous year. The Notification of Births Act has not been adopted, but Dr. Goddard refers to the advantages of obtaining early information of births. At present he does not think the district is large enough to employ a female inspector.

Willesden.—Dr. Wm. Butler in discussing the relationship between meteorological conditions and the death-rate, sets out the deaths in Willesden, in each quarter of the year for the last few years. These indicate a marked departure in regard to infant deaths in the third quarter of the year. Usually these occur in greatest number at this period, but in 1907 this was not the case.

The figures of deaths under 1 year are as follows:—

Willesden Table, 1907.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
1904	127	87	201	94
1905	131	90	171	98
1906	111	85	179	118
1907	149	98	84	120

He further analyses these by placing the figures relating to zymotic diarrhoea during the third quarter, when they usually increase, alongside with the 4-foot earth temperature, and draws attention to the fact that the experience gained in Willesden, as shown in the following table, is in accord with the conclusion arrived at some years ago by Dr. Ballard, as to the interdependence of this disease with the temperature of the earth, when taken at a depth of 4 feet from the surface :—

WILLESDEN.—THIRD QUARTER.

	Diarrhoea.	Enteritis.	4-foot Earth Temperature.		
			July.	August.	September.
1904	138	16	58·75	59·25	58·75
1905	88	10	58·50	58·75	58·25
1906	134	16	57·	58·25	58·75
1907	14	7	54·	55·	55·

Notwithstanding this reduction in infantile mortality, Dr. Butler, as the result of inquiry by the health visitors into births and infant deaths, is able to show that in a large proportion of the deaths of infants the circumstances are such that there is a possibility of much being done with a view to further reduction in this death-rate, in other words, that the high rate is not entirely a matter of climatic conditions. He gives tables showing in detail the causes of death and the method of feeding of all those infants which were made the subject of inquiry, and as a consequence specially refers to the following, viz., the advantage of breast feeding compared with artificial

feeding of infants, the use of food quite unsuitable to the needs and the capabilities of an infant, the use of improper feeding bottles, irregularity in feeding, improper clothing, and neglect (often, no doubt, unavoidable under the conditions) in taking infants out regularly into the open air, as conditions which are under control, and improvement in which would do much in reducing the present rate of mortality.

A report, by Miss Gaul, the Health Visitor of the District Council, is given, from which it appears that much useful work of a practical character is carried out by her and her assistants in educating mothers, with a view to the avoidance of the conditions mentioned.

The rates of infantile mortality in each district are shown in the following table and skeleton map:—

ADMINISTRATIVE COUNTY OF MIDDLESEX.

1907.



INFANTILE MORTALITY,
Or proportion of Deaths of Children under
1 year of age to every 1000 Births.

Less than 100	.. .. .
100 and less than 110	.. .. .
110 120	.. .. .
Over 120	.. .. .

Infantile Mortality in each District, 1907.

District.	Births.	Deaths.	Death- rate per 1,000 Births.	District.	Births.	Deaths.	Death- rate per 1,000 Births.
URBAN.				Kingsbury	9	2	222
Acton ..	1,538	183	118	Ruislip-Norwood	107	4	37
Brentford ..	519	59	113	Southall-Norwood	677	64	94
Chiswick ..	915	109	119	Southgate ..	605	44	72
Ealing (<i>Borough</i>) ..	1,228	112	91	Staines ..	151	17	112
Edmonton ..	1,923	216	112	Sunbury ..	123	9	73
Enfield ..	1,432	167	116	Teddington	391	25	64
Feltham ..	145	9	62	Tottenham	3,819	382	100
Finchley ..	889	84	94	Twickenham	774	87	112
Friern Barnet ..	296	24	81	Uxbridge ..	246	21	89
Greenford ..	22	1	45	Wealdstone	300	23	78
Hampton ..	186	20	107	Wembley ..	167	15	89
Hampton Wick ..	38	7	184	Willesden..	4,247	436	102
Hanwell ..	493	50	101	Wood Green	1,449	100	69
Harrow ..	350	19	54	RURAL.			
Hayes ..	105	5	52	Hendon ..	216	9	41
Hendon ..	708	63	89	South Mimms	58	2	34
Heston and Isleworth	1,135	100	88	Staines ..	606	59	97
Hornsey (<i>Borough</i>) ..	1,524	116	76	Uxbridge ..	377	35	92

PRINCIPAL EPIDEMIC DISEASES.

Under the heading of principal epidemic diseases the following are included, viz.:—Smallpox, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup, Typhus, Enteric and Continued Fever, and Diarrhoea.

The number of deaths, after correction, from these diseases amongst Middlesex residents was 1,167 during 1907, equivalent to a rate of 1·10 per 1,000.

In the following table the rates since 1901 are given, together with those prevailing in London and in the country generally:—

Principal Epidemic Diseases.—Rates per 1,000 living.

Year.	London.*	England & Wales.*	The County.
1901	2·25	2·05	1·87
1902	2·23	1·64	1·96
1903	1·77	1·46	1·47
1904	2·18	1·94	2·00
1905	1·71	1·52	1·31
<i>Average, 1901-1905.</i>			1·71
1906	1·93	1·73	1·80
1907	1·42	1·26	1·10

* From Registrar-General's Annual Summaries.

All the rates show a decrease in 1907, and this is largely due to the fact that there was a great reduction in the deaths from diarrhoea.

The corresponding rates in each of the thirty-six districts comprised in the County are as follows:—

Principal Epidemic Diseases.—Rates per 1,000 living.

District.	1905.	1906.	1907.	District.	1905.	1906.	1907.
<i>Urban.</i>							
Acton ..	1.3	2.3	1.3	Kingsbury ..	—	2.4	—
Brentford..	2.1	3.7	2.3	Ruislip-Norwood ..	0.4	—	0.9
Chiswick ..	1.7	1.6	1.5	Southall-Norwood ..	1.5	2.0	1.2
Ealing ..	1.0	1.9	0.9	Southgate..	0.7	1.8	0.6
Edmonton ..	2.3	3.0	2.0	Staines ..	0.7	1.7	1.3
Enfield ..	1.8	2.7	1.7	Sunbury ..	0.8	1.0	1.3
Feltbam ..	1.5	1.8	0.3	Teddington ..	0.8	1.8	1.0
Finchley ..	0.6	1.5	1.2	Tottenham ..	1.3	2.1	1.1
Friern-Barnet ..	1.0	1.5	0.5	Twickenham ..	0.7	2.3	0.6
Greenford ..	—	1.6	—	Uxbridge ..	1.6	1.7	0.6
Hampton ..	2.0	1.2	0.7	Wealdstone ..	1.4	1.2	1.2
Hampton Wick ..	0.7	1.9	1.6	Wembley..	1.1	0.3	0.8
Hanwell ..	0.5	2.7	0.7	Willesden ..	1.7	1.7	1.4
Harrow ..	0.9	0.5	0.4	Wood Green ..	1.0	1.7	1.0
Hayes ..	—	2.3	—	<i>Rural.</i>			
Hendon ..	1.8	1.3	0.9	Hendon ..	0.2	0.6	0.1
Heston and Isleworth ..	1.9	2.4	1.2	South Mimms ..	1.1	1.1	0.3
Hornsey ..	0.4	0.8	0.4	Staines ..	1.2	2.1	1.0
				Uxbridge..	1.2	1.9	0.5

SMALLPOX.

During 1907 two persons were notified as suffering from smallpox, one in Brentford and one in Tottenham; both these, however, proved not to be cases of the disease. The County was therefore free from the disease. The figures relating to previous years are as follows:—

Smallpox.

Year.	Cases.	Deaths.	Case rate per 1,000 living.	Case mortality per cent.	Death-rate per 10,000 living.
1901	157	18	0·17	13·1	0·22
1902	1,711	283	2·05	16·5	3·39
1903	115	4	0·13	3·4	0·04
1904	59	1	0·06	1·7	0·01
1905	11	—	0·01	—	—
<i>Average 1901–1905</i>			<i>0·46</i>	<i>14·9</i>	<i>0·06</i>
1906	—	—	—	—	—
1907	—	—	—	—	—

VACCINATION.

The returns relating to the condition of vaccination of the population in the *registration* County of Middlesex and in each of the separate Unions comprised therein are set out in the following table. The figures are obtained from the report of the Medical Officer of the Local Government Board for 1905–6, and relate to the year 1904, the latest date for which figures are available.

Vaccination.—Percentage of Births Registered, 1904.

Unions.	Success- fully vacci- nated. (1)	Exempted by “Conscientious Objection” Certificates. (2)	Not finally accounted for. (3)	Un- vaccinated. (Cols. 2 & 3)
Brentford ..	76·2	0·8	13·5	14·3
Edmonton ..	70·9	1·3	18·3	19·6
Hendon ..	84·9	5·0	2·6	7·6
Staines ..	85·0	0·7	4·9	5·6
Uxbridge ..	85·2	1·7	5·1	6·8
Willesden ..	72·2	2·3	17·1	19·4
The Registra- tion County	74·6	1·6	14·7	16·3
England and Wales ..	75·3	4·3	10·2	14·5

Whilst the number of “conscientious objection certificates” is less in Middlesex than in the country generally, the number not finally accounted for is greater, no doubt due to migration of persons.

SCARLET FEVER.

During 1907 the number of cases of this disease notified was 4,335, which is equivalent to a case rate of 4·10. This shows a slight increase on the rate for the previous year. On looking at the figures for the last seven years, set out in the next table, it will be seen that in 1901 the case rate was 4·37. It then gradually fell year by year till 1906, when it rose rapidly, and this increase was maintained throughout the following year.

The corrected number of deaths was 97, equal to a death-rate of 0·091 and a case mortality of 2·23, both somewhat less than in the previous year, though in both 1906 and 1907 these rates were greater than in the preceding years, when the disease appeared to be at its ebb.

The corresponding death-rate for England and Wales in 1907 was 0·09, for the 76 great towns 0·12, and for the 142 smaller towns 0·08.

Scarlet Fever.

Scarlet Fever.

45

Middlesex.						London.*	
Year.	Cases.	Deaths (corrected)	Case rate. Per 1,000 living.	Death-rate.	Case mortality per cent.	Case rate. Per 1,000 living.	Death-rate.
1901	3,461	61	4.37	0.076	1.76	4.06	0.13
1902	3,073	64	3.69	0.076	2.07	3.92	0.12
1903	2,753	59	3.10	0.066	2.14	2.72	0.08
1904	2,827	44	3.03	0.047	1.55	2.90	0.08
1905	2,901	42	2.98	0.043	1.44	4.17	0.12
<i>Average 1901-1905</i>			3.40	0.061	1.79	—	—
1906	4,080	100	4.03	0.098	2.45	4.32	0.11
1907	4,335	97	4.10	0.091	2.23	5.46	0.14

* From Annual Summary of Registrar-General.

The figures given in the above table extend only over seven years, which is much too short a period upon which to base any deductions in regard to the behaviour of a disease; but examination of the rates given as to the incidence of the disease on the population during each of the years, together with a glance at Diagram 5, will show that scarlet fever in Middlesex during these years shows a tendency to behave in the same manner as has been observed elsewhere, namely, to occur in increasing degree, or it may be in epidemic form, at intervals of about five years. What is the cause of this, it is not possible to say on figures extending over so brief a period, but it is likely that more than one factor has influence in bringing about the result.

Apart from the subject of the epidemic wave, which is indicated over a series of years, it will be noticed on looking at the chart, at the end of this report, showing the weekly notifications of the disease, that during the yearly period there is evidence of a seasonal incidence, the disease being most prevalent during the autumn. In the year 1906 this was somewhat masked, owing to the occurrence early in the year of a localised outbreak in the north-east of the County, due to a special cause. During 1907, apart from the occurrence of a few cases, which were attributed to a private milk supply, and which ceased on action being taken, no localised outbreak occurred.

The distribution of the cases and deaths of scarlet fever, at the six age groups given in the table required by the Local Government Board, is as follows:—

*Scarlet Fever, Age Distribution, 1907.**

Age group.	Cases.	Corrected deaths.
0-1	40	—
1-5	1,004	61
5-15	2,641	29
15-25	428	2
25-65	222	5
65 and up	—	—

* In the reports relating to Enfield and Uxbridge (rural), the number of cases in each age group is not given, and it has been necessary to distribute them in the proportion which obtains in the rest of the County.

The references by the local medical officers of health to scarlet fever during 1907 are as follows:—

Acton.—Dr. Thomas refers to the fact that, in the latter part of the year, suspicion arose as to a certain milk supply being the cause of cases occurring in Hammersmith, Acton, and Chiswick. Communication on the subject was made to the Middlesex County Council by the Medical Officer of Health of the London County Council, and the matter was fully investigated jointly, but as a result it was not possible to show that the suspected milk supply was the cause of the disease. Scarlet fever in Acton during 1907 was of a very mild type, and instances of “missed” cases on many occasions came to the knowledge of Dr. Thomas, who states, “it was this mildness of the symptoms in a large number of the cases which was one of the principal factors in the spread of the infection, and whenever a rise in the number of notifications occurred, a search usually resulted in the finding of a missed case.”

Brentford.—Enfield.—These two districts show the highest case rates from scarlet fever in the County, viz. : 6·5 and 6·4 respectively, but in neither report is the subject dealt with at any length. In Brentford but few cases, it is stated, occurred after June, but the disease had been very prevalent for two years.

Edmonton.—Dr. Lawrence draws attention to the occurrence of secondary cases, owing to the first case of illness not being recognised as of import by the parents. He also states that he brought to the notice of the Sanitary Committee the large number of “return” cases which had occurred after patients had been discharged from the Joint Isolation Hospital of Enfield and Edmonton, and he adds “no action was taken thereon.”

Finchley.—Dr. Taylor also refers to the mildness in type of scarlet fever which was prevalent throughout the year and in all parts of the district. He adds: “So far as could be ascertained, the disease was spread by direct infection from one patient to another.”

Friern Barnet.—In this district, which adjoins Finchley, scarlet fever is stated to have been very prevalent, but there was no evidence to point to any special cause.

Hampton.—In this district a marked decrease in the number of cases is recorded.

Hanwell.—An increase of cases is recorded, but of a mild type, and no death occurred.

Hendon (urban).—The cases were fewer in number than in 1906 and of a mild type.

Ruislip-Northwood.—In this district a marked increase of cases occurred in the latter part of 1906, and this continued during the early part of 1907.

Southall-Norwood.—A marked decrease—the incidence rate, namely, 1·78, being, Dr. Windle states, the lowest recorded. He adds: “With regard to the manner in which infection has arisen in individual cases, all the evidence has tended to the conclusion that the chief factor in operation has been infection from non-notified cases.” In two instances it was found that the milk supply “came through a local dairyman from a farmer near Reading in whose family a case of scarlet fever was under treatment.” The supply was at once stopped until further risk of infection had ceased.

Southgate.—The disease was more prevalent than in 1906, especially during the autumn. A localised outbreak occurred at Winchmore Hill, probably due to the milk supply. Dr. Ransome gives a short account of this.

Staines (urban).—Dr. Tothill reports that the cases of scarlet fever were mostly of a mild type, and he adds: “One case occurred at a laundry and another at a milkshop, causing in each case a considerable interference with business, both trades having to be carried on at other premises until the houses could be disinfected. If we had had an infectious disease hospital to which the patients could have been removed the premises would have been disinfected much earlier.”

Sunbury.—Only eight cases were notified, and none since the month of May.

Teddington.—Dr. Günther refers to the risk of those complications which may follow mild cases of scarlet fever, especially ear disease and kidney disease, as indicating the need for careful nursing and attendance.

Tottenham.—The medical officer of health refers to the occurrence of “return” cases, and sets out the precautions which should be taken by householders when a patient is discharged from hospital. He also directs attention to the fact that parents are legally required to notify all cases which they believe to be of an infectious character, though they have not been seen by a doctor.

Uxbridge (urban).—Dr. Lock states: “I was able to trace a case of scarlet fever that had been concealed—this was the direct cause of at least two others; the Council prosecuted and obtained a conviction.”

Wealdstone.—In this district Dr. G. Butler states that the experience during past years of the part played by “missed” cases in causing spread of the disease was again repeated.

Willesden.—Dr. William Butler reports that during the last two years scarlet fever has been more prevalent than during the previous years, and by means of a dotted map shows that the distribution of the disease corresponds with the density of population upon area, in this respect differing from the experience gained in Willesden as to the behaviour of diphtheria. He also discusses at some length the question of the period of infectiousness of scarlet fever and the relationship of sore throat to the spread of the disease. As regards the latter he writes: “During the years 1905,

1906, and 1907, note has been kept of all cases where, in a house infected with scarlet fever, sore throat had been complained of prior to or at the time of the occurrence of scarlet fever in the house. At the same time a control observation was made in respect of houses not infected with scarlet fever." On analysing the figures so obtained he finds that in 31·2 per cent. of the houses infected with scarlet fever a history of previous sore throat was obtained, but in other houses the percentage was only 2·8.

Staines (rural).—Of the total number of cases notified, namely 79, as many as 43 occurred in the parish of Hanworth in the early part of the year. It was the continuation of an outbreak which commenced in the latter part of 1906. The inefficiency of the present means of disinfection of bedding is referred to by the medical officer of health.

Uxbridge (rural).—The disease was prevalent in the parish of Yiewsley, and to a less extent in Harefield.

The cases notified and the deaths *recorded* in the report relating to each district are set out in the following table. The case rates and death-rates are also given :—

DIPHTHERIA AND MEMBRANOUS CROUP.

Diphtheria and membranous croup accounted for 1,469 notifications during 1907.

The notifications give a case rate of 1·38 per 1,000 as compared with the average of 1·48 in the previous year.

The corrected deaths were 154, or a death-rate of 0·145 per 1,000, which compares favourably with the average rate, viz., 0·182 for the five years 1901–1905.

The figures and the various rates of the last few years are given in the following table :—

COUNTY OF MIDDLESEX, 1907.

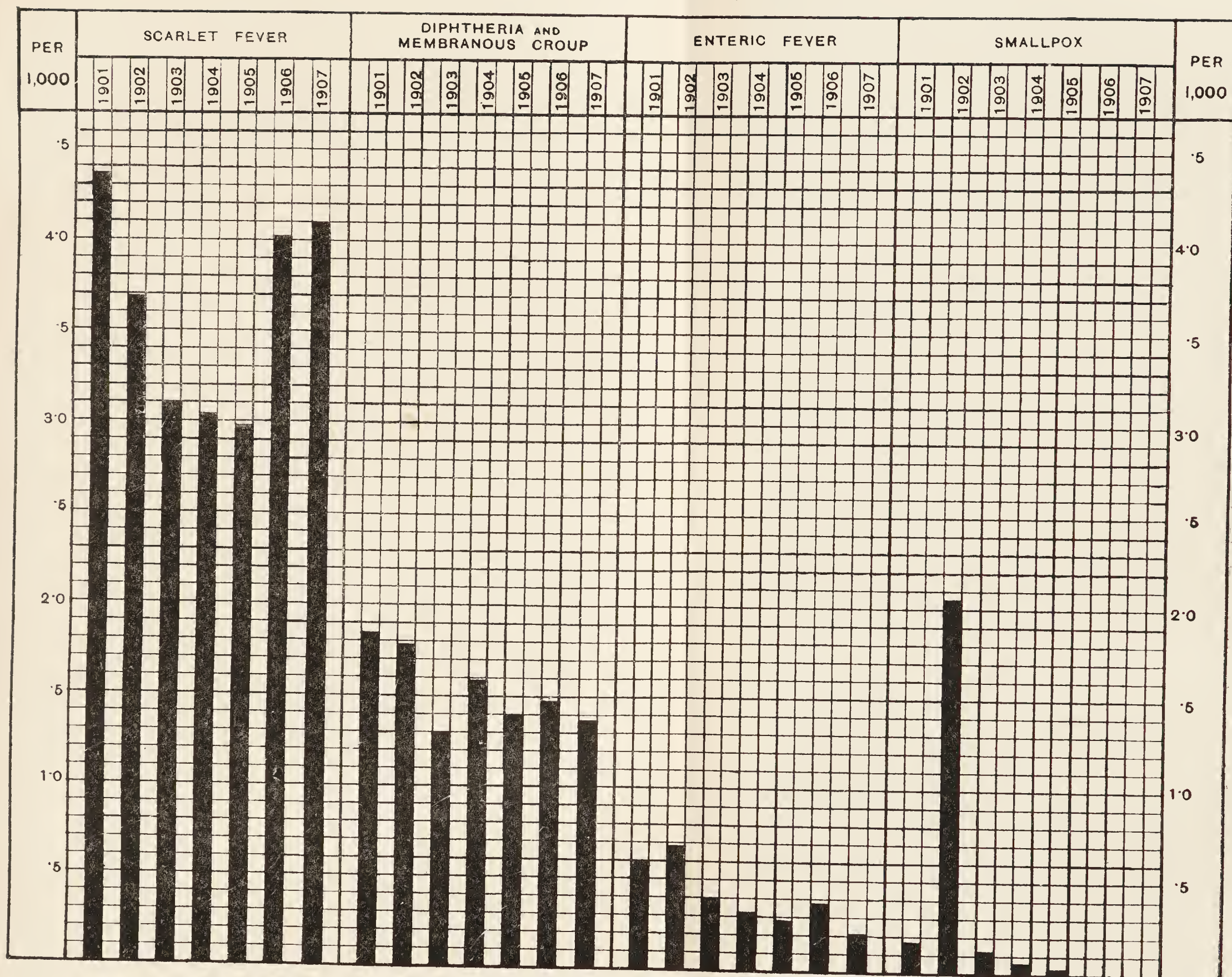


DIAGRAM 5,
SHOWING CASE RATE PER 1,000 PERSONS LIVING
OF CERTAIN NOTIFIED DISEASES.

Middlesex.					London.*		
Year.	Cases.	Corrected deaths.	Case rate	Death-rate	Case mortality per cent.	Case rate.	Death-rate.
			Per 1,000 living.				
1901	1,462	181	1·84	0·228	12·3	2·68	0·29
1902	1,495	218	1·79	0·261	14·5	2·31	0·25
1903	1,145	132	1·29	0·148	11·5	1·68	0·16
1904	1,480	139	1·59	0·149	9·3	1·56	0·16
1905	1,361	134	1·40	0·138	9·8	1·39	0·12
Average 1901-1905 ..			1·57	0·182	11·6	—	—
1906	1,498	141	1·48	0·139	9·3	1·71	0·15
1907	1,469	154	1·38	0·145	10·4	1·85	0·16

* From Annual Summary of Registrar-General.

The corresponding death-rate for England and Wales for 1907 was 0·16; for the 76 great towns 0·17, and for the 142 smaller towns 0·15. In comparison with these the death-rate in Middlesex is favourable.

The age distribution of cases and corrected deaths in the six age groups required by the Local Government Board is as follows:—

*Diphtheria and Membranous Croup, Age Distribution, 1907.**

Age group.	Cases.	Corrected deaths.
0-1	13	2
1-5	461	81
5-15	792	66
15-25	116	2
25-65	86	3
65 and up	1	—

* In the reports relating to Enfield and Uxbridge (rural) the number of cases in each age group is not given, and it has been necessary to distribute them in the proportion which obtains in the rest of the County.

No cases were notified in the districts of Hayes or Kingsbury.

The districts in which the incidence of the disease was greater than in the County as a whole are Brentford, Ealing, Edmonton, Enfield, Finchley, Friern Barnet, Greenford, Hampton Wick, Hendon (urban), Heston and Isleworth, Willesden, Wood Green, South Mimms and

Staines (rural). Taking into consideration the larger districts, those with the highest rates are Brentford, Ealing, Heston, Isleworth and Staines (rural), all of which adjoin each other.

Reference as to the occurrence of this disease is specially made in the following reports:—

Acton.—The following account of the influence of schools on the spread of diphtheria is given by Dr. Thomas: “A notification was received on January 30th. The child lived in Kingswood Road and attended Rothschild Road School. The child had been ill since January 13th, and had attended school on January 14–17th. The children attending the school were examined, and a list of those absent on account of illness was obtained. I examined all the children unattended by a doctor, and obtained the consent of the parents to swab all suspicious throats. As a result, three children were found suffering from the disease.”

Ealing.—The increased incidence of diphtheria in this district was, it is stated, in part due to an outbreak, in July, affecting children attending St. Mary's School. The presence among the scholars of an undetected case appears to have been the origin of this outbreak.

Feltham.—Of the five cases notified, four occurred at one house which is used as a receiving and distributing house for a laundry. The business was temporarily removed to other premises.

Heston and Isleworth.—The high rate of attack in this district—the highest in the County—is reported by Dr. Steegmann as being due to an outbreak in the Brentford Workhouse Schools, “which in all probability was started there by the importation of a case from another district.” Prompt and adequate steps to deal with the outbreak were taken by the Guardians, and a house belonging to them was specially reserved for the isolation of the cases.

Southall-Norwood.—Dr. Windle gives the average incidence of diphtheria for 1898–1907 as 4·2 compared with 1·1 per 1,000 for 1907. During the first six months of the year there was comparative freedom from the disease; the bulk of the cases occurred from October to the end of the year, and as the result of inquiries made, it is stated that “there can be no doubt that they all owed their origin to personal infection from each other, and from unnotified cases.”

Willesden.—The medical officer of health reports that the attack rate of diphtheria was, with the exception of three years, the lowest since notification has been in force. He states that when schools are suspected to be associated with spread of the disease, swabs are taken of throats of children in affected classes, and, if found necessary, children are excluded from school.

Staines (rural).—The incidence of diphtheria in this district for the last three years has been as follows: 1·31 per 1,000 in 1905, 0·87 in 1906, and 2·61 in 1907. Dr. Morris reports that four apparently separate outbreaks occurred, the first of these in February, in the parish of Ashford, which led to closure of two schools. The disease

reappeared in this parish in the autumn and again necessitated school closure. Another outbreak was in the hamlet of Poyle, Stanwell parish, which it is reported was associated with attendance at a school outside the County boundary. The remaining outbreak took place in the work-house.

In connection with the first-mentioned outbreak, Dr. Morris states that some of the secondary cases "could only be accounted for by the too early liberation of the primary cases." In this connection it should be noted that there is no isolation hospital provided in this district.

In the following table the notifications and recorded deaths in each district, together with the case and death-rates per 1,000, are set out in detail:—

Ruislip-Northwood	1.12	6	—	—	1	4	1	—	—	—	1	—	—	—	—	—	—	3	0.56
Southall-Norwood..	1.12	24	—	—	1	19	1	—	—	—	4	—	—	—	—	—	—	4	0.18
Southgate ..	1.12	32	—	—	2	23	2	—	—	—	3	—	—	—	—	—	—	5	0.17
Staines ..	0.41	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Sunbury ..	0.64	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	0.21
Teddington..	0.44	8	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	3	0.16
Tottenham..	0.72	101	—	—	4	59	4	—	—	—	5	—	—	—	—	—	—	12	0.08
Twickenham	0.66	18	—	1	3	4	3	—	—	—	1	—	—	—	—	—	—	2	0.07
Uxbridge ..	0.95	9	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	1	0.10
Wealdstone	1.14	13	—	—	—	9	1	—	—	—	3	—	—	—	—	—	—	—	—
Wembley ..	0.36	3	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	1	0.12
Willesden ..	1.76	254	—	—	—	131	19	—	—	—	21	—	—	—	—	—	—	18	0.12
Wood Green	1.67	82	2	2	—	39	11	—	—	—	4	—	—	—	—	—	—	8	0.16
RURAL—																			
Hendon ..	0.73	9	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—
South Mimms	2.46	7	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	1	0.35
Staines ..	2.61	60	—	—	—	34	2	—	—	—	2	—	—	—	—	—	—	9	0.39
Uxbridge*..	0.44	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Ages not given.

ENTERIC FEVER.

It is satisfactory to be able to record a decrease both in the incidence and in the death-rate of this disease. In 1906 there was a marked increase, due to a sharp but localised outbreak in Southgate, but the figures relating to the County for 1907 are the lowest of any recorded since 1900. The following table shows the number of cases and deaths, together with the rates for each year:—

Enteric Fever.

Enteric Fever.

63

Middlesex.						London.*	
Year.	Cases.	Deaths corrected.	Case rate.	Death-rate.	Case mortality per cent.	Case rate.	Death-rate.
			Per 1,000 persons living.			Per 1,000 persons living.	
1901	482	86	0·60	0·108	17·3	0·70	0·11
1902	575	106	0·69	0·127	18·4	0·73	0·12
1903	356	51	0·40	0·057	14·2	0·51	0·08
1904	302	46	0·32	0·050	15·2	0·41	0·06
1905	281	51	0·28	0·052	18·1	0·33	0·05
Average, 1901-1905			0·45	0·077	17·0	—	—
1906	386	52	0·38	0·051	13·5	0·34	0·06
1907	228	38	0·21	0·035	16·6	0·29	0·04

* From the Annual Summary of the Registrar-General.

The corresponding death-rate for England and Wales for 1907 was 0·07, for the 76 Great Towns 0·07, and for the 142 Smaller Towns 0·07.

Middlesex therefore compares very favourably with all these. The case and death-rates in London were also low, but somewhat higher than in Middlesex.

The age distribution of cases and of corrected deaths is as follows.—

Enteric Fever, Age Distribution, 1907..*

Age group.	Cases.	Corrected deaths.
0—	—	—
1—	7	—
5—	48	3
15—	66	12
25—	103	21
65 and upwards.	4	2

* In the reports relating to Enfield and Uxbridge (rural) the number of cases in each age group has not been given, and it has been necessary to distribute them in the proportion obtaining in the rest of the County.

Enteric fever did not during 1907 occur in any part of the County in the form of a localised outbreak, such as is usually caused when the infection is conveyed by milk or water. In the district of Chiswick, however, an unusual number of cases was notified during an extended period between the middle of July and the end of October. These will again be referred to in the remarks relating to each district. As regards other cases it will be seen that in several instances the evidence on enquiry pointed to the

fact that the patients contracted the complaint elsewhere than in the County; in others, suspicion attached to certain foods being the cause; whilst in others, no evidence could be obtained as to what might have been the source of infection.

In connection with the question of sources of infection, attention has of recent years been directed to a possible origin, which, first suggested about eight years ago, has lately been specially brought forward in explanation of an outbreak of typhoid fever at Brentry Certified Inebriate Reformatory, near Bristol. As in making investigation into the sources of infectious disease it is important that no possible cause should be forgotten, it is not out of place to mention it in this report. It has been shown by bacteriologists that persons who have suffered from typhoid fever may for long periods—months, and it is said for years—after recovery pass typhoid bacilli in their excreta. Further, it is said that persons who have apparently not suffered from the disease may, if they have been in direct contact with patients, carry and excrete bacilli for short periods. Such persons are known as “carriers,” the former class being classed as chronic carriers and the latter as acute carriers. In the case of the outbreak at Brentry Reformatory, after careful investigation and the elimination of other causes, the circumstances indicated that the outbreak was due to the influence of such a “carrier” case.

The detailed account of this outbreak may be found in the Proceedings of the Royal Society of Medicine, Vol. I, No. 6 (April, 1908), and should be carefully studied by medical officers of health.

The particulars given in the district reports as to the cases which occurred during 1907, are as follows:—

Acton.—Two cases were contracted elsewhere than in the district, whilst three cases were probably contracted by direct contact with a previous case.

Chiswick.—In this district an unusual number of cases occurred, but these, thirty in all, were spread over a period of three months. There was not sufficient evidence implicating milk or water supply. In some of the cases there was evidence indicating that infection was contracted away from the district, and in several it appeared that contact with a previous case was the most likely cause of the disease.

Edmonton.—Of 29 cases notified it is reported that three had eaten shell fish about the time when they probably contracted the infection, seven had similarly partaken of fried fish, and one had eaten watercress.

Hampton.—One case occurred in a person on his return from India, and was certainly contracted before arrival; the remaining case was thought to be due to shell fish.

Hendon (urban).—One of the three cases notified is said to have contracted the disease from his brother who was suffering from typhoid fever.

Southall-Norwood.—Of two cases notified one is said to have been contracted at a watering place in France.

COUNTY OF MIDDLESEX, 1907.

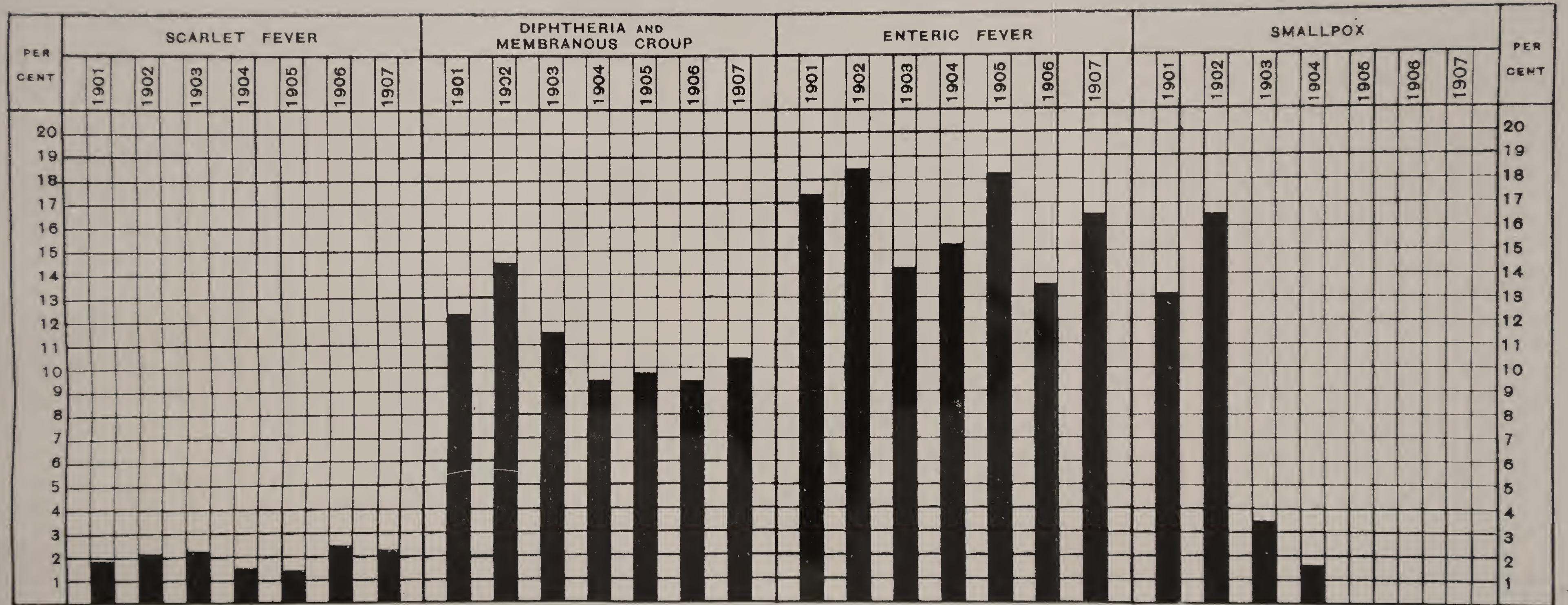


DIAGRAM 6, SHOWING MORTALITY PER CENT. OF CASES NOTIFIED.

Tottenham.—It is reported that five cases were probably due to the ingestion of raw shell fish, whilst in many other cases the evidence pointed to infection from patients already suffering from the disease.

Uxbridge (urban).—One case was notified, and this, it is stated, was probably contracted whilst away at a seaside town.

Wealdstone.—No case has occurred for three years until 1907, when three patients were notified as suffering from the disease; in one the eating of shell fish, and in another the drinking of impure water from a ditch, are respectively thought to have been the cause of the disease.

In the following table the cases in each district are set out:—

Enteric (Typhoid) Fever, 1907. Age Distribution of Cases and Deaths, together with Case and Death Rates. 68

Enteric Fever.

	Case-rate per 1,000 Living.	CASES NOTIFIED.						DEATHS RECORDED.						Death-rate per 1,000 Living.	
		All Ages.	Under 1.	1-5.	5-15.	15-25.	25-65.	65 and up.	Under 1.	1-5.	5-15.	15-25.	25-65.		65 and up.	All Ages.
URBAN.															
Acton	0.24	13	—	1	2	3	7	—	—	—	2	1	—	3	0.05
Brentford	0.18	3	—	—	—	1	1	1	—	—	—	—	1	1	0.06
Chiswick	0.83	30	—	1	6	6	16	1	—	—	1	4	—	5	0.14
Ealing (<i>Borough</i>)	0.18	9	—	—	1	3	5	—	—	—	—	2	—	2	0.04
Edmonton	0.48	29	—	2	8	9	10	—	—	—	1	4	—	5	0.08
Enfield†	0.18	10	—	—	—	—	—	—	—	—	—	4	—	4	0.07
Feltham	0.17	1	—	—	1	—	—	—	—	1	—	—	—	1	0.17
Finchley	0.16	6	—	—	—	1	5	—	—	—	—	2	—	2	0.05
Friern Barnet	0.09	1	—	—	—	—	1	—	—	—	—	1	—	1	0.09
Greenford	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hampton	0.21	2	—	—	1	1	—	—	—	1*	—	—	—	1*	—
Hampton Wick	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hanwell	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrow	0.33	5	—	—	1	2	2	—	—	—	—	—	—	—	—
Hayes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hendon	0.10	3	—	—	—	3	—	—	—	1	—	—	—	1	0.03

Enteric Fever.

[illegible]

†Ages not given.

*This was a case notified in September, 1906. The patient died from pyæmia following enteric fever, in April, 1907.

PUERPERAL FEVER.

During 1907 the number of cases of Puerperal Fever notified was 53, and the corrected number of deaths amongst residents of the County was 41.

For each of the last seven years the cases and deaths (corrected) have been as follows :—

Puerperal Fever.

Year.	Cases notified.	Deaths (corrected).	Case-rate per 1,000 Births registered.
1901	35	35	1·5
1902	42	38	1·7
1903	48	37	1·9
1904	56	46	2·1
1905	53	45	2·0
<i>Average 1901-5</i>			<i>1·8</i>
1906	56	38	2·0
1907	53	41	1·9

The rates given in this table are calculated upon the actual number of births registered. This should theoretically be equivalent to the number of children born alive, but, as matter of fact, there is reason to think that this is not so. Thus during the year 1907 the Committee decided, on my recommendation, to ask certified midwives for a

weekly return of births attended by them, in order that early information of such births might be given to the local medical officers of health. Dr. Lawrence states in his report that out of rather more than 1,000 such births as many as 4·8 per cent. were never registered at all in the district. Further, it is to be noted that in order to arrive at the total opportunities of women contracting puerperal fever, the number of still-births should be taken into account, but up to the present there has been no record of these. Under the Notification of Births Act, 1907, partial information as to this will no doubt be obtainable, since notification under the Act includes that of still-births of children born after twenty-eight weeks' pregnancy.

In connection with this subject it is of interest to note that under the rules of the Central Midwives Board, information was received by the County Council of 159 still-births occurring in the practice of certified midwives, out of a total of 7,617 births attended by them.

As regards puerperal fever occurring in the practice of midwives it is satisfactory to be able to report a decrease in the number of cases. The figures for the last three years for which the facts are known are 12 cases in 1905, 15 cases in 1906 and 9 cases in 1907. In one of these cases it was found that at the time of confinement two children in the house had developed scarlet fever. In connection with two cases it was deemed necessary temporarily to suspend the midwife from practice, and in one of these the facts were reported to the Central Midwives Board, and the midwife's name was eventually struck off the roll. In three cases of puerperal fever the patients had been attended by friends who were monthly nurses, and in one case nobody appears to have been present at the confinement.

The cases of puerperal fever which were notified occurred in the following districts :—

Puerperal Fever, 1907.

District.	Births.	Puerperal Fever.
<i>Urban.</i>		
Acton	1,538	1
Brentford	519	—
Chiswick	915	1
Ealing (<i>Borough</i>)	1,228	3
Edmonton	1,923	3
Enfield	1,432	1
Feltham	145	—
Finchley	889	2
Friern Barnet	296	—
Greenford.. .. .	22	—
Hampton	186	—
Hampton Wick	38	—
Hanwell	493	—
Harrow	350	4
Hayes	105	1
Hendon	708	—
Heston and Isleworth	1,135	2
Hornsey (<i>Borough</i>)	1,524	5
Kingsbury	9	—
Ruislip-Northwood	107	—
Southall-Norwood	677	—
Southgate	605	—
Staines	151	1
Sunbury	123	—
Teddington	391	—
Tottenham	3,819	4
Twickenham	774	2
Uxbridge	246	—
Wealdstone	300	—
Wembley	167	1
Willesden	4,247	13
Wood Green	1,449	7
<i>Rural.</i>		
Hendon	216	—
South Mimms	58	—
Staines	606	2
Uxbridge	377	—

TYPHUS, RELAPSING FEVER, CHOLERA.

No cases were notified during 1907.

ERYSIPELAS.

This disease gave rise to 644 notifications in 1907. The cases in previous years were:—

Erysipelas.

Year.	Cases.	Deaths corrected.
1901	641	27
1902	691	36
1903	591	28
1904	661	42
1905	655	31
1906	793	25
1907	644	18

The cases notified in each district were as follows :—

Erysipelas.

District.							Cases.
<i>Urban.</i>							
Acton..	..	..	..	..	..	..	29
Brentford	..	..	..	..	..	..	14
Chiswick	..	..	..	..	..	..	34
Ealing (<i>Borough</i>)	..	..	..	..	..	..	29
Edmonton	..	..	..	..	..	..	53
Enfield	..	..	..	..	..	..	30
Feltham	..	..	..	..	..	..	7
Finchley	..	..	..	..	..	..	24
Friern Barnet	..	..	..	..	..	..	13
Greenford	..	..	..	..	..	..	—
Hampton	..	..	..	..	..	..	13
Hampton Wick	..	..	..	..	..	..	2
Hanwell	..	..	..	..	..	..	32
Harrow	..	..	..	..	..	..	8
Hayes .	..	..	..	..	..	..	3
Hendon	..	..	..	..	..	..	8
Heston & Isleworth..	..	..	..	..	..	..	14
Hornsey (<i>Borough</i>)	..	..	..	..	..	..	34
Kingsbury	..	..	..	..	..	..	—
Ruislip-Northwood..	..	..	..	..	..	..	3
Southall-Norwood	..	..	..	..	..	..	20
Southgate	..	..	..	..	..	..	11
Staines	..	..	..	..	..	..	6
Sunbury	..	..	..	..	..	..	1
Teddington	..	..	..	..	..	..	6
Tottenham	..	..	..	..	..	..	96
Twickenham	..	..	..	..	..	..	8
Uxbridge	..	..	..	..	..	..	3
Wealdstone	..	..	..	..	..	..	8
Wembley	..	..	..	..	..	..	2
Willesden	..	..	..	..	..	..	77
Wood Green..	..	..	..	..	..	..	25
<i>Rural.</i>							
Hendon	..	..	..	..	..	..	7
South Mimms	..	..	..	..	..	..	3
Staines	..	..	..	..	..	..	17
Uxbridge	..	..	..	..	..	..	4

CEREBRO-SPINAL MENINGITIS.

The prevalence of cases of this complaint in Scotland and Ireland, and the occurrence of cases in some parts of England, led to the issue of a circular letter by the Local Government Board, in which the characteristic symptoms of the disease were set out, and in which attention was drawn to the fact that the Board were prepared to consider, if application were made by any local authority, the desirability of making the disease compulsorily notifiable within the area of such district. During 1907, the complaint was compulsorily notifiable in the following districts for varying periods :—

Ealing.	Tottenham.
Edmonton.	Uxbridge (urban).
Feltham.	Willesden.
Finchley.	Hendon (rural).
Friern Barnet.	Staines (rural).
Hornsey.	

The Local Government Board also issued a report by Dr. M. H. Gordon on the micrococcus of epidemic cerebro-spinal meningitis and its identification.

In Middlesex a few cases occurred which were either notified as, or in which suspicion arose that the patient was suffering from, cerebro-spinal meningitis. In three instances, the local medical officers of health communicated with me and asked for my assistance. One of these was a case where death occurred before it could be brought to the notice of the local authority ; in the other two cases the patients were still alive, though both eventually died. As

regards both these, I saw the patients with the medical officers of health, and full inquiry was made into the circumstances of the patients and the premises where they lived. The result of bacteriological examinations was negative in each of these cases, and although the symptoms simulated, they do not appear to have been due to the disease.

MEASLES.

The corrected number of deaths from this disease belonging to the County was 258, equivalent to a death-rate of 0·24 per 1,000. In the following table are set out the deaths and death-rates of recent years:—

Measles.

Year.	Corrected deaths.	Death-rate per 1,000 persons.
1901	174	0·21
1902	275	0·33
1903	249	0·28
1904	331	0·35
1905	176	0·18
<i>Average 1901-1905</i>		<i>0·27</i>
1906	247	0·24
1907	258	0·24

No information is available as to the number of cases which occurred, but it would appear from the statements made, that in a large part of the County, measles was very

prevalent during some part of the year. In one district, namely Greenford, measles is compulsorily notifiable. In some of the larger districts, such as Acton, Tottenham and Willesden, notification is made to the medical officers of health by teachers of public elementary schools of cases coming to their knowledge, and such information is of first importance in attempting to check the spread of the disease. If notification is received of the first cases amongst children attending school and action is promptly taken by the medical officer of health, either by the exclusion of children from infected households, or by the closure of the infected class, according to the circumstances of each case, it is probable it would result in less interference with school work than at present, when action is often only taken after a number of children are ill and others already infected.

The remarks in the district reports in regard to measles in 1907 are as follows:—

Acton.—Most prevalent in the North-East Ward. Dr. Thomas writes:—"The majority of the deaths occurred from lung complications, and many lives would doubtless be saved, if all cases of measles which were seriously ill could have skilled nursing." He adds that under section 21 of the Acton Improvement Act, 1904, the local authority have power to provide nursing assistance for persons suffering from infectious disease, and that this probably includes measles and whooping cough, but there would be great practical difficulty in carrying it out.

Brentford.—Disease prevalent. Dr. Bott refers to the absence of precaution in preventing spread of the complaint on the part of those in charge of children who are suffering from it.

Edmonton.—Dr. Lawrence states the largest number of deaths occurred between one and five years of age, and refers briefly to the influence of infant departments in causing spread of the disease.

Finchley.—Measles has not been prevalent in this district to any extent since the beginning of 1904, but during 1907 a marked increase took place, and the disease was present in epidemic form, the height of the epidemic, Dr. Taylor states, being reached about the end of May. The death-rate was 0·44 per 1,000 living. As result of this epidemic the question of compulsory notification of the disease was considered by the District Council, and Dr. Taylor was called on to report on the matter. After reviewing the characteristics of the disease he reported:—"From the point of view of the prevention of epidemics, I do not consider very much would be gained by including measles in the list of notifiable diseases, and I, therefore, do not recommend this step being taken."

Friern Barnet.—Dr. Spreat reports that an outbreak of measles occurred in the South Ward in June which led to closure of the schools for a fortnight.

Hampton.—A severe epidemic occurred in 1906, and during 1907 the disease was quiescent.

Hanwell.—Here the disease "was present in various parts of the district the whole year," and the question of making it compulsorily notifiable was discussed, but on the advice of Dr. Hope it was decided not to do so.

Harrow.—Leaflets on precautions to be taken in cases of measles and whooping cough have been drawn up by the medical officer of health, and are distributed by the registrar of births and by school teachers.

Heston and Isleworth and Hornsey.—In the case of both these districts it is stated the mortality was less than in the previous year.

Ruislip-Northwood.—A localised outbreak occurred amongst children attending Ruislip school, which was closed for twenty-one days.

Southall-Norwood.—Dr. Windle writes—"There was considerable prevalence of measles during September and October." He adds that in cases coming under his own notice the primary case in a house was usually a child attending an infant school, and he advises the exclusion from school of all infants coming from infected households.

Sunbury.—The prevalence of measles (and whooping-cough) led to the closure of the Parochial Schools towards the end of the year.

Tottenham.—Dr. Butler-Hogan states that by means of notification from school teachers and information collected by officials of his department, information was obtained of 2,008 cases. The houses were visited and where no doctor was in attendance instructions were given as to the precautions which should be taken.

Twickenham.—The complaint was prevalent during March and April.

Wembley.—Dr. Goddard states:—“The epidemic of measles was severe during October and November,” and at one of the schools, out of a possible attendance of 400, as many as 120 were absent at one time. He adds that he “daily received two or three notes” on the subject of the rapid increase from the teachers, but it does not appear that action was taken in the earlier part of the outbreak, in the way of exclusion of scholars from infected households or closure of departments, with a view to checking the disease. Finally the school was closed for a fortnight.

Willesden.—In this district, by means of notifications from school teachers and inquiries in connection with them, 1,442 cases came to the knowledge of the authority.

The age distribution of 1,441 of these were:—

Under 1 year..	..	..	84 cases.
Between 1—5 years..	..	670	„
„ 5—15	„	..	687 „

By means of charts Dr. Butler shows the results of investigations into cases of measles and their relation to school attendance.

Wood Green.—Measles was very prevalent in Bowes Park early in the year, and Bound’s Green Road Schools were closed by Dr. Conolly in consequence.

Hendon (rural).—An outbreak in Harrow Weald early in the year necessitated closure of the schools.

Staines (rural).—Epidemics of measles occurred in two parishes, namely, Cranford and Ashford, and the schools were in each case closed for a month. Dr. Morris states that in the former the disease spread from Heston, and in the latter from Sunbury.

In the following table are given the number of deaths recorded in each district report, and the death-rates per 1,000 living in each of the separate districts:—

Measles, 1907.—Death-rates per 1,000 living.

Districts.					Death-rate.	Deaths recorded.
<i>Urban.</i>						
Acton	..	..	..	..	0·37	20
Brentford	..	..	..	..	0·99	16
Chiswick	..	..	..	..	0·33	12
Ealing (<i>Borough</i>)	..	..	..	..	0·10	5
Edmonton	..	..	..	..	0·35	21
Enfield	..	..	..	..	0·18	10
Feltham	..	..	..	..	—	—
Finchley	..	..	..	..	0·44	16
Friern Barnet	..	..	..	..	0·19	2
Greenford	..	..	..	..	—	—
Hampton	..	..	..	..	—	—
Hampton Wick	..	..	..	..	—	—
Hanwell	..	..	..	..	0·28	5
Harrow	..	..	..	..	0·06	1
Hayes	..	..	..	..	—	—
Hendon	..	..	..	..	0·24	7
Heston & Isleworth	..	..	..	..	0·20	7
Hornsey (<i>Borough</i>)	..	..	..	..	0·05	5
Kingsbury	..	..	..	..	—	—
Ruislip-Northwood	..	..	..	..	—	—
Southall-Norwood	..	..	..	..	0·18	4
Southgate	..	..	..	..	0·14	4
Staines	..	..	..	..	—	—
Sunbury	..	..	..	..	0·42	2
Teddington	..	..	..	..	—	—
Tottenham	..	..	..	..	0·28	40
Twickenham	..	..	..	..	0·14	4
Uxbridge	..	..	..	..	—	—
Wealdstone	..	..	..	..	0·08	1
Wembley	..	..	..	..	0·36	3
Willesden	..	..	..	..	0·31	45
Wood Green	..	..	..	..	0·40	20
<i>Rural.</i>						
Hendon	..	..	..	..	0·08	1
South Mimms	..	..	..	..	—	—
Staines	..	..	..	..	0·08	2
Uxbridge	..	..	..	..	0·22	3

WHOOPING COUGH.

The corrected number of deaths from whooping cough was 341, equivalent to a death-rate of 0·32. The average death-rate relating to the five years, 1901–05, was 0·29 per 1,000 living.

Whooping Cough.

Year.			Deaths (corrected).	Death-rate per 1,000.
1901	..	..	238	0·30
1902	..	..	225	0·27
1903	..	..	363	0·40
1904	..	..	172	0·18
1905	..	..	324	0·33
Average 1901–1905				0·29
1906	..	..	179	0·17
1907	..	..	341	0·32

The death-rate shows a marked increase compared with 1906, and is somewhat higher than that for the five years, 1901–1905. It will be seen from the table giving the death-rates in each district, that in six districts no deaths occurred, but each of these, except Hendon (rural), has but a small population. The highest death-rates occurred in Staines (urban), Hampton, Edmonton and Willesden.

The ages at which the deaths occurred were :—

Ages : 0–1 1–5 5–15 15–25 25–65 65 and upwards.					
149	185	7	—	—	—

In many of the district reports, it is stated by the medical officers of health that the disease was prevalent during 1907.

Dr. Thomas states that an outbreak occurred in Acton, in one part of the district, following on an outbreak of measles there at the end of 1906, and he comments on the fact that "it is often found that an outbreak of one of the diseases follows on the subsidence of the other." He reports that about fifty per cent. of the cases only were attended by a doctor.

Dr. Günther, in his report on Teddington, writes:—"Many cases of this disease occurred in the months of March, April and May, and nine children died of it. Two of these were under one year of age and seven were under the age of five. All the deaths were due to the after-effects of the complaint. These complications might, in many cases, be avoided if medical treatment were procured in the early stages of the disease."

In the case of Edmonton, the medical officer states that the death-rate from whooping cough in 1907 is the highest for ten years.

In the case of Brentford, Finchley, Friern Barnet, Hampton, Hampton Wick and Hanwell, the disease is reported to have been prevalent during parts of the year. In Wealdstone, an extensive epidemic is said to have occurred during autumn and winter. In Staines (rural), it was epidemic in the parish of Bedfont.

Dr. Butler, of Willesden, gives charts (as for measles) to show the effect of school influence in causing spread of the disease.

The following table shows the deaths *recorded* in each district report:—

Whooping Cough, 1907.—Death-rates per 1,000 living.

District.					Death-rates.	Deaths recorded.
<i>Urban.</i>						
Acton	..	..	..	..	0·32	17
Brentford	..	..	..	..	0·49	8
Chiswick	..	..	..	..	0·25	9
Ealing (<i>Borough</i>)	..	..	..	..	0·08	4
Edmonton	..	..	..	..	0·65	39
Enfield	..	..	..	..	0·21	12
Feltham	..	..	..	..	—	—
Finchley	..	..	..	..	0·38	14
Friern Barnet	..	..	..	..	0·19	2
Greenford	..	..	..	..	—	—
Hampton	..	..	..	..	0·75	7
Hampton Wick	..	..	..	..	0·39	1
Hanwell	..	..	..	..	0·14	3
Harrow	..	..	..	..	0·13	2
Hayes	..	..	..	..	—	—
Hendon	..	..	..	..	0·24	7
Heston and Isleworth	..	..	..	..	0·14	5
Hornsey (<i>Borough</i>)	..	..	..	..	0·21	19
Kingsbury	..	..	..	..	—	—
Ruislip-Northwood	..	..	..	..	0·18	1
Southall-Norwood	..	..	..	..	0·32	7
Southgate	..	..	..	..	0·14	4
Staines	..	..	..	..	0·82	6
Sunbury	..	..	..	..	0·42	2
Teddington	..	..	..	..	0·50	9
Tottenham	..	..	..	..	0·38	53
Twickenham	..	..	..	..	0·14	4
Uxbridge	..	..	..	..	0·31	3
Wealdstone	..	..	..	..	0·35	4
Wembley	..	..	..	..	0·12	1
Willesden	..	..	..	..	0·51	75
Wood Green	..	..	..	..	0·26	13
<i>Rural.</i>						
Hendon	..	..	..	..	—	—
South Mimms	..	..	..	..	—	—
Staines	..	..	..	..	0·17	4
Uxbridge	..	..	..	..	0·07	1

COUNTY OF MIDDLESEX, 1907.

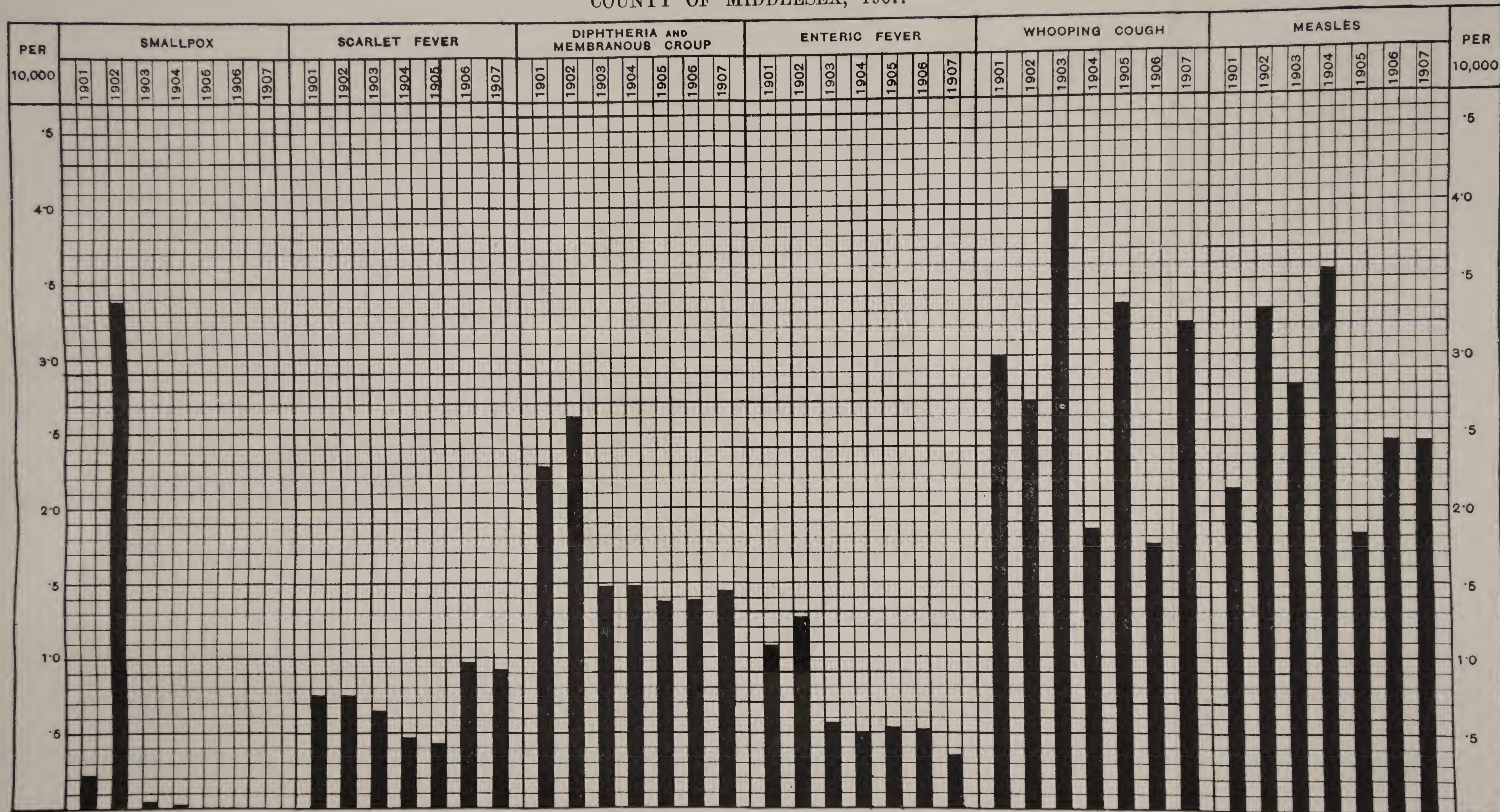


DIAGRAM 7,
SHOWING DEATH-RATES PER 10,000 PERSONS LIVING
FROM CERTAIN INFECTIOUS DISEASES.

DIARRHŒA.

The most conspicuous fact in the death returns of the County during 1907 is the marked reduction in the number of deaths attributed to diarrhœa. The total number after correction, namely, 275, is just under one-fourth of the number in the previous year, and is the lowest number recorded during the last seven years. The figures and the death-rates per 1,000 persons living are set out in the following table:—

Diarrhœa.

Year.	Deaths (corrected).	Death-rate per 1,000 living.
1901	723	0·91
1902	465	0·55
1903	449	0·50
1904	1,128	1·21
1905	547	0·60
<i>Average 1901-1905</i>		<i>0·75</i>
1906	1,106	1·09
1907	275	0·26

In the following is set out the number of the above deaths which occurred in infants :—

Diarrhœa—Deaths under one year of age.

Year.	Deaths.	Rate per 1,000 births.
1901	600	26·66
1902	385	16·19
1903	346	13·61
1904	922	34·93
1905	453	17·09
<i>Average 1901–1905</i>		<i>21·73</i>
1906	883	32·6
1907	225	8·1

From the above tables it will be seen that this disease is one causing considerable mortality amongst infants, and from the remarks made earlier in the report under infantile mortality, it is obvious that this occurs mostly during the summer months.

The figures there quoted from the report of Dr. Butler of Willesden, show that the experience in this district coincides with that gained elsewhere as to the seasonal

prevalence of this disease. The causes of this form of diarrhoea were formulated many years ago by Dr. Ballard, in a report to the Local Government Board, and there can be little doubt that the decrease observed during 1907 was to a large extent dependent on the climatic conditions of the year. At the same time the influence of other conditions, such as bottle-feeding and ignorance in the bringing up of infants cannot be ignored, and in those districts where female inspectors have been appointed much work of a very useful character is being done in preventing mortality from this cause. In the Borough of Ealing similar work is being voluntarily performed in the Lammas Ward by lady visitors, members of the Ealing Women's Association. Dr. Patten states that this work has had no inconsiderable success, and is appreciated by the mothers. In districts where the expense of female inspectors would be a burden on the local authority voluntary action on these lines should be initiated and fostered.

PHTHISIS AND OTHER TUBERCULOUS DISEASE.

Phthisis, or that form of tuberculosis usually known as consumption or tuberculosis of the lungs, caused during 1907 amongst residents of the County 888 deaths. Other forms of tuberculosis account for an additional 369 deaths, so that altogether this disease caused 1,257 deaths.

It will be seen from the following table that compared with the previous year there were 8 more deaths from phthisis, but a reduction of 46 deaths from other forms of

tuberculous disease. The death-rates compare favourably in both instances with those of the previous year, and also with the averages, 1901–1905.

Year.	Phthisis.		All Tuberculous Disease.	
	Deaths (corrected).	Death-rate per 1,000 living.	Deaths (corrected).	Death-rate per 1,000 living.
1901	752	0·94	1,139	1·43
1902	843	1·01	1,277	1·53
1903	788	0·88	1,221	1·37
1904	993	1·06	1,428	1·53
1905	858	0·88	1,230	1·12
<i>Average 1901–1905</i>		0·95	—	1·42
1906	876	0·86	1,291	1·27
1907	888	0·84	1,257	1·19

The figures relating to the seven years in this table on the whole show a tendency to diminution, although slow in character, in the death-rate from this complaint. In previous reports analysis of the ages at which the deaths occur has been made. The figures available only allow this being done for six age groups, but they are instructive in showing that whereas tuberculous disease of the lungs causes the greater number of deaths after 15 years of age, other tuberculous complaints cause greater mortality in the earlier period of life.

The figures are set out in the following table:—

Deaths from Tuberculous Disease at different age-groups.

Age Group.	1901.		1902.		1903.		1904.		1905.		1906.		1907.	
	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.	Phthisis.	Other Tuberculous Disease.
0-	8	124	15	147	12	149	11	163	7	104	6	114	7	106
1-	14	131	18	144	25	143	33	134	19	135	24	141	27	128
5-	33	70	22	70	33	57	40	65	28	62	28	66	26	59
15-	105	20	132	26	133	31	176	23	136	26	164	36	136	29
25-	562	38	623	44	556	51	696	39	632	42	629	51	650	42
65 and upwards	30	4	33	3	29	2	37	11	36	3	25	7	42	5

In January, 1907, the Royal Commission on Tuberculosis issued their second report. This was referred to on page 93 of last year's County Report, and the conclusion which was arrived at was set out in full.

In October the General Purposes Committee referred to me a report, which had been forwarded by the Kingston Board of Guardians, on the subject of the desirability of making phthisis compulsorily notifiable.

This Board of Guardians had had the subject under consideration, and had communicated with a large number of authorities throughout the country on the matter, and the information which they collected in this way, and the views expressed by the different authorities, were fully set out in this report. As a result, the Kingston Board of Guardians passed a resolution in favour of phthisis being made a compulsorily notifiable disease. My report on the matter was to the following effect:—

“So far as the County of Middlesex is concerned, it appears from the report forwarded by the Kingston Board of Guardians that the Borough Council of Ealing and the urban districts of Hampton and Tottenham are in favour of the disease being made compulsorily notifiable. Replies from six other authorities in the County, viz., Acton, Brentford, Chiswick, Finchley, Twickenham and Uxbridge (urban), are also referred to in the report to the Guardians. One of these authorities replied to the effect that it was not in favour of compulsory notification, the others stated either that they were considering the matter, or that they were of opinion that the provisions of

the Infectious Diseases (Notification) Act were not satisfactorily applicable to a disease of a chronic nature such as phthisis, and that an attempt to deal with the matter would probably need special legislation.

“ In several districts in the County the *voluntary* notification of phthisis by medical practitioners has been attempted for some years past, and in some of these districts a fee similar to that payable under the Notification Act is paid by the local authority. The districts in which notification is voluntarily made are Acton, Chiswick, Finchley, Harrow, Ealing and Edmonton, but from the statements made by the local medical officers of health in their annual reports it does not appear that many notifications are received; in other words, voluntary notification does not appear to have been a success.

“ The action which is taken upon receipt of a notification is usually as follows: a visit is made to the house, and disinfection of rooms occupied by the patient is offered, if considered necessary; instructions—often by printed leaflets—are given as to the precautions which should be taken with a view to limiting the spread of infection; and in the cases of two districts, arrangements have been made for sending patients, if suitable cases, to a sanatorium for treatment.

“ Voluntary notification in the County has apparently, so far, not met with great success. This is probably in part due to one of the objections which applies to compulsory notification, namely, that tuberculosis in the majority of cases is a chronic disease, during the course of which the condition of the patient, especially in regard to his capacity

of doing work, varies considerably, and notification under these conditions would in many instances be very unpopular and might probably lead to much hardship.

“It is true that as a result of compulsory notification, public health authorities would be in possession of more complete information as to the existence of the disease in their districts, but unless this information can be put to good practical use, I do not think the adoption of such a measure, and the expense which this would entail, would be justified. In order to deal with the information in a complete manner, it would be necessary that machinery for dealing with the cases—at least those of the poorer classes—should exist. The complete machinery for this purpose should include, in addition to notification, local dispensaries, sanatoria to which cases in an early stage of the complaint could be sent for treatment with a view to recovery; working colonies and hospitals for advanced cases. The last, in most cases, would mean the workhouse infirmary, and may therefore be said to exist already.

“In view of the above objections, the adoption of compulsory notification would be premature at the present time.

“By means of a more partial method, I think useful information might be obtained, and I would submit this to the consideration of the Committee.

“The method which I have in mind may be said to be an extension of the system of voluntary notification, namely, the obtaining of information from the various Boards of

Guardians in the County of the names and addresses of all consumptive persons admitted to the Poor Law Infirmaries. If this information were supplied to the Council it could then be forwarded by me to the local medical officer of health of the districts in which the patients resided, and they would then be in a position to visit the premises—and they would be those of the poorer part of the community—and could offer disinfection of rooms, etc., and give any instructions which might be thought necessary with a view to prevent spread of infection. If the Committee approve this suggestion, it would be well that I should first communicate with the local medical officers of health to see whether the local authorities would be able to take action upon receipt of the information, and if their replies are favourable, I would then ask the Committee to communicate with the various Boards of Guardians asking them to co-operate by supplying the Council, weekly or fortnightly, with information as to all cases of consumption admitted to the Infirmary.”

The course recommended was acted upon, and a communication was addressed to each of the Boards of Guardians except Willesden and Staines. The latter were not written to, as after consultation with the local medical officers of health it was found that the matter could be best dealt with locally. The result of these communications was that several of the Guardians decided to forward to the County Council the names and addresses of cases of consumption recently admitted to the respective infirmaries. On receipt of these, they are forwarded at once to the medical officer of health of the district to which they belong.

The references made by district medical officers of health on the subject of tuberculosis are as follows :—

Acton.—Dr. Thomas points out that nearly one-third of the deaths from consumption occurred in the Poor Law Infirmary, and expresses the opinion that poverty, with its attendant evils, acts as one of the most potent predisposing causes to the complaint. Voluntary notification is in force, but only six cases were notified. The district council have arranged to send cases to Northwood Sanatorium, and as regards those sent there in 1907, it is stated that although residence at the Sanatorium has not resulted in curing the disease, yet “the effects from an educational point of view have been considerable. The patients have learnt by what means the disease is spread and what precautions should be taken to prevent the infection of those living in the same house. The example set by one patient is worth all the leaflets which can be distributed.”

Ealing.—This authority has reserved beds for the use of residents in the district at Northwood Sanatorium, but it appears that they are not fully utilised. Dr. Patten writes: “I desire to remind medical men that we are only too anxious to have the beds at Mount Vernon Hospital, retained by the Council, as continuously occupied as possible. Judging from the mortality, there must be a considerable number of cases in our midst which would be, at least, benefited, if not cured, by sanatorium treatment, and it is somewhat difficult to realise why there is a lack of suitable applicants for this advantage.” Twelve cases were passed into the sanatorium during the year.

Finchley.—Dr. Taylor sets out the result of voluntary notification which has been in force for rather more than

four years. It appears that eight notifications were received in the first two years, seven in 1906 and four in 1907. After referring to the fact that, owing to inadequate support, the scheme to provide a sanatorium for Middlesex by the combination of public authorities has not succeeded, he states that, "probably some arrangement will be arrived at by which two beds in some existing sanatorium will be reserved for patients belonging to this district."

Hornsey.—Dr. Coates, in commenting on the deaths from phthisis, writes as to the advantages of open-air treatment, in sanatoria in the early stages of the disease, and, after referring to the failure to establish a sanatorium for the County, states that it would be "quite practicable for Hornsey, either alone or with one or more adjoining districts, to provide and maintain a sanatorium."

Southall-Norwood.—Dr. Windle reports that the question of making phthisis compulsorily notifiable was discussed during 1907, and it was decided that the objections to doing so outweighed the good which might accrue.

Sunbury.—Dr. Byham states that two deaths occurred.

Tottenham.—The medical officer of health advocates the notification of all cases of phthisis, with a view to the instruction, by the sanitary authority, of consumptives and their relatives, and the carrying out of disinfection; and he writes: "It is much to be regretted that a great effort should not be made—either by the Government of the country, or, as in Germany, through the medium of the Friendly Societies—to eradicate this white scourge from our midst." He refers to the unsatisfactory conditions.

under which many families (one member of which is afflicted with the disease in a form likely to be the source of infection) live, and this, in his opinion, is a strong argument in favour of "the co-ordination, if not the unification, of the Public Health and Poor Law services." It appears that during the year a recommendation, by a special Sub-Committee, to arrange for accommodation at Mount Vernon Hospital for sanatorium treatment of cases from Tottenham, was not adopted.

Wealdstone.—The medical officer of health states that voluntary notification has not been successful, and is of opinion that compulsory notification will be found necessary. Disinfection of rooms, etc., is carried out after cases of death, when possible.

Willesden.—In this district it is reported that the death-rate, although low, is a stationary one.

In the case of the districts of Hanwell, Harrow, and Southgate, it is reported that disinfection is carried out when cases come to knowledge, and visits are made to houses with a view to instructions being given by leaflets, etc., as to the precautions which should be observed.

In the following table, the deaths *recorded* in each district from phthisis and from all tuberculous diseases, and the death-rates, are set out:—

Phthisis and all Tuberculous Diseases, 1907. Death-rates per 1,000 living.

District.	Death-rates.		Deaths recorded.	
	Phthisis.	All Tuberculous Diseases.	Phthisis.	All Tuberculous Diseases.
<i>Urban.</i>				
Acton	1·24	1·66	66	88
Brentford	1·99	2·80	32	45
Chiswick	1·16	1·39	42	50
Ealing (<i>Borough</i>)	0·64	0·96	32	48
Edmonton	0·89	1·38	53	82
Enfield	0·71	1·02	39	56
Feltham	1·18	1·36	7	8
Finchley	0·57	0·82	21	30
Friern Barnet	0·78	1·46	8	15
Greenford	0·95	2·85	1	3
Hampton	0·32	0·75	3	7
Hampton Wick	—	—	—	—
Hanwell	0·99	1·64	20	33
Harrow	0·33	0·33	7	7
Hayes	1·00	1·66	3	5
Hendon	0·79	1·17	23	34
Heston & Isleworth	0·93	1·19	32	41
Hornsey (<i>Borough</i>)	0·55	0·76	50	69
Kingsbury	—	—	—	—
Ruislip-Northwood	0·93	1·12	5	6
Southall-Norwood	0·70	0·98	15	21
Southgate	0·21	0·49	6	14
Staines	0·96	1·24	7	9
Sunbury	0·42	0·42	2	2
Teddington	0·78	1·17	14	21
Tottenham	0·48	1·30	68	181
Twickenham	1·00	1·29	27	35
Uxbridge	1·49	2·02	14	19
Wealdstone	0·70	0·97	8	11
Wembley	0·60	0·60	5	5
Willesden	0·95	1·30	138	188
Wood Green	0·73	1·08	36	53
<i>Rural.</i>				
Hendon	0·40	0·40	5	5
South Mimms	0·70	1·05	2	3
Staines	0·74	0·91	17	21
Uxbridge	0·51	1·25	7	10

CANCER.

The death-rate due to this disease during 1907 was 0·81
The rates for the last seven years are shown [in] the
following table :—

Cancer.

Year.	Deaths.	Death-rate per 1,000 living.
1901	642	0·80
1902	665	0·79
1903	731	0·82
1904	712	0·76
1905	788	0·81
<i>Average 1901-1905</i>		<i>0·80</i>
1906	836	0·82
1907	856	0·81

ISOLATION HOSPITALS.

The information relating to this subject is dealt with in
two parts :—

(1) Hospital accommodation for scarlet fever, diphtheria
and enteric fever ;

(2) Hospital accommodation for smallpox.

After this a table is given showing the number of cases
from each disease removed to hospital.

In the following account the information has been
brought up to the end of the year so far as possible.

Isolation Hospitals.

Acton.—This hospital was opened about four years ago and contains two ward pavilions each with 14 beds, and an observation block for 4 beds. Total: 32 beds. During the year 342 patients were admitted, and the question of enlarging the hospital in view of the growing needs of the district was under consideration.

Brentford.—The hospital is situated at Claypond's Lane, Brentford.

Chiswick.—The hospital was opened in 1904, and contains 16 beds for scarlet fever and 4 beds for diphtheria and enteric fever. Asphalte paths were substituted for gravel paths in the grounds of the hospital during 1907.

Ealing.—Additions and alterations were completed in 1905, and the accommodation is: for scarlet fever 48 beds, diphtheria 8 beds, enteric fever 8 beds, cases under observation 4 beds, and in the emergency block 9 beds. Total: 77 beds. By arrangement, cases are admitted from the urban district of Greenford. Cases were also admitted from Isleworth and Hanwell.

Edmonton and Enfield.—A joint Hospital Board was created in 1905 for these two districts. The hospital was built in 1900 by the Enfield District Council and is situated in Enfield. The accommodation available on December 31st, 1907, is stated to have been 116 beds for scarlet fever, 18 beds for enteric fever, and 14 beds for diphtheria. A fire occurred, January, 1907, in a temporary building containing 2 wards of 12 beds each. In March the Local Government Board held an inquiry into an application for

a loan of £2,800 to extend the two permanent ward pavilions, so as to provide 24 more beds for scarlet fever. This extension was completed a few months later.

Feltham.—No isolation hospital. *See* remarks made under Staines (rural).

Finchley.—This district has made arrangements with the Borough of Hornsey for the reception of patients in the hospital of the latter authority. The need of additional accommodation being provided is referred to, and it is reported “the rapid growth of the district has rendered the present hospital provision altogether inadequate.”

Friern Barnet.—No hospital provided, and beds for patients have to be obtained, if possible, in the hospitals of other districts. Negotiations were proceeding during 1907 with Southgate District Council for sending cases to the hospital of the latter authority, and early in 1908 an agreement on the matter was made.

Greenford.—*See* Ealing.

Hampton.—This hospital contains 6 beds for scarlet fever, and 4 beds for diphtheria patients. The Local Government Board held an inquiry on December 5th, 1906, in reference to an application to raise a loan for building a discharge block and a porter’s lodge. These were completed during 1907.

Hampton Wick.—An arrangement exists under which four patients can be admitted to the hospital belonging to the Hampton District Council, if the beds are not needed by the latter authority. One case of scarlet fever was removed during 1907.

Hanwell.—The position of affairs in this district was set out in the County Report for 1906 as follows :—“The need of isolation hospital accommodation in this district was acutely felt during 1905 owing to extensive prevalence of scarlet fever, and formed the subject of correspondence between the County Council and the District Council. Endeavours were made by the latter to provide for the isolation of patients, and the Southall-Norwood Urban District Council were approached by Hanwell with a view to arrangements being made to share the hospital of the former authority, but without success. Efforts were then made for the acquisition of certain sites in Hanwell and in Southall-Norwood for the purpose. Finally a site was found, and on January 29th, 1907, a Local Government Board inquiry was held in reference to a petition from the Hanwell District Council to the Board to issue a Provisional Order to empower the Council to put in force the powers of the Lands Clauses Acts with respect to the purchase and taking of lands otherwise than by agreement required for the purpose of an isolation hospital and a refuse destructor.”

It is not definitely stated what progress has been made during 1907, but the medical officer of health writes: “It is with great satisfaction that I am able to report that definite steps have been taken towards the erection of an isolation hospital.”

Harrow.—The additions to this hospital were set out in the County report for 1905. The total accommodation is 15 beds, of which 10 are allotted to scarlet fever and 5 to diphtheria. During 1907, 24 cases of scarlet fever, 2 of diphtheria and 3 of typhoid fever were treated at the hospital.

Hayes.—One of the constituent authorities in the Uxbridge Joint Hospital Board. *See* below.

Hendon (urban).—For several years past Dr. Andrew has drawn attention to the inadequacy of the existing hospital accommodation. He again writes: "The hospital is a temporary structure, and consists of two wards, capable of treating four patients in each ward; this in times of pressure has been more crowded. There is, in addition, a small ward holding three beds, where cases of doubt are kept." In addition, there is a large ward which has been found useful for convalescents. This hospital is only used for scarlet fever. There is no accommodation for diphtheria, and owing to the fact that a considerable increase in the latter disease occurred during 1907, it was found necessary to obtain a cottage for isolating the more urgent cases, whilst a few cases were sent to hospitals in London. This arrangement is found expensive, but Dr. Andrew points out adequate medical attendance and proper nursing cannot be provided in the houses of the poorer classes.

The matter of building accommodation for diphtheria is now under consideration.

Heston and Isleworth.—This authority possesses a hospital jointly with the Borough of Richmond (Surrey). No steps have yet been taken with regard to the enlargement of the hospital the need of which has been recognised for some time and has been referred to by the medical officer of health in several annual reports during recent years.

Hornsey.—By arrangement with the District Councils of Finchley (since 1903) and Wood Green (since 1905), patients from these districts are received at the isolation

hospital belonging to the Borough of Hornsey. The agreement with Wood Green is for a period of ten years. During 1906, extensions to the administrative block and the erection of a new ward block were completed, and the new buildings were opened for use. A total of 628 cases was admitted, of which 353 belonged to Hornsey, 128 to Finchley, and 147 to Wood Green. The cost of maintenance per inmate (including resident staff) is stated to have been 6s. 5d. per head per week, as compared with 6s. 2½d. in 1906, 6s. 8½d. in 1905, 7s. 7d. in 1904, and 8s. 7¼d. in 1903.

Kingsbury.—No hospital. This is a very small district, and cases have usually been sent to the hospitals of adjoining districts.

Ruislip-Northwood.—This is one of the constituent districts in the Uxbridge Joint Hospital Board.

Southall-Norwood.—This district has its own hospital for cases of scarlet fever and diphtheria. It is a permanent structure, but in addition, a Berthon circular hospital is used and found very useful for convalescent patients. It is reported that the question of providing accommodation for cases of enteric fever will probably arise in the near future, owing to the difficulty of obtaining admission of such cases into most of the general hospitals.

Southgate.—This hospital was opened in 1902. It is situated at Tottenhall Road, Palmers Green, on a site of 9 acres, and contains one ward block used for scarlet fever and an isolation block used for diphtheria or typhoid fever, and the accommodation appears to be 20 beds, including cots, in four wards.

Staines (urban).—No hospital. See remarks under Staines (rural).

Sunbury.—No hospital. *See* Staines (rural).

Teddington.—An arrangement exists with the District Council of Hampton, by which four beds are available for patients from Teddington if not needed by the District Council of Hampton. In addition an offer of the Tolworth Joint Hospital Board to receive patients at the rate of 6s. a day was accepted during 1907.

Tottenham.—At the north-eastern hospital belonging to the Metropolitan Asylums Board 100 beds are reserved for the use of patients from Tottenham, in which district the hospital is situated.

Twickenham.—At the end of the year the building which has served as a temporary hospital for this district was still in use. An isolation hospital is in course of erection on land acquired for the purpose at Whitton. Provision is made for an administrative block, a ward block for 16 beds, an isolation block for four beds and a laundry and ambulance block. A disinfecting apparatus, it is reported, will be provided when required, and also a caretaker's lodge and a discharge block. There is space on the site for extension.

Uxbridge (urban).—This is a constituent district in the Uxbridge Joint Hospital Board. *See* Uxbridge (rural).

Wealdstone.—No hospital. By arrangement with the Rural District Council of Hendon cases are treated in the hospital at Stanmore belonging to the latter authority.

Wembley.—The medical officer of health again advises his authority to obtain a suitable site for a hospital. At present a cottage at Alperton is used for isolating cases of scarlet fever. Cases are also sent to the Isolation Hospital belonging to Willesden if beds are available, at a charge of £3 3s. per week.

Willesden.—A full account of this hospital was given in the report for 1904, and reference may be made to this for particulars.

Dr. Stewart, the medical superintendent, states in his report that there was great pressure on the accommodation during the autumn, and as a result it was necessary to open the hospital at Kingsbury from November, 1907, till January, 1908. He points out the total accommodation at the isolation hospital is 122 beds, and at the Kingsbury hospital 32 beds, or a total of 154 beds, which is equal to the standard of accommodation suggested by the Local Government Board. He draws attention to this fact in view of the possibility which may arise of making further extensions in the hospital accommodation.

Wood Green.—Agreement with Hornsey Borough Council to send cases to the hospital of latter authority for a period of ten years. The charge is to be £1 17s. 6d. per head per week. In addition Wood Green have paid £2,400 towards cost of necessary enlargement of hospital, and will pay a further sum of £1,200. If at the end of the ten years the Borough Council of Hornsey decide not to continue the arrangement for a further five years, £1,000 will be repaid to Wood Green District Council.

Dr. Conolly states in this year's report it has been decided that before a case is admitted to hospital an agreement must be signed by the friends to pay part of the expenses of maintenance, except in pauper cases. He points out that this causes delay in removal, and adds: "The onus of fixing the amount to be paid is placed upon the chief inspector, a duty which turns that official into a kind of relieving officer, and was never contemplated, in my opinion, by the Public Health Act."

Hendon (rural).—This hospital has been described in previous reports. During the year seventy-seven cases were treated.

South Mimms.—No hospital.

Uxbridge Joint Hospital Board.—The constituent authorities are Uxbridge Urban and Rural Districts, Hayes and Ruislip-Northwood. The hospital is situated at Hillingdon East in the rural district. In May, 1907, the Local Government Board held inquiry into an application for sanction to a loan of £7,500 to carry out extensions. These are now in progress.

Staines Urban and Rural Districts, Sunbury and Feltham Urban Districts.—In last year's report account was given of the action taken by the County Council in regard to the need of isolation hospital accommodation for these districts, and of the correspondence which had taken place on the matter. Owing to the fact that the Local Government Board had instructed Dr. Manby, one of their medical inspectors, to report on the sanitary circumstances of these four districts, which together comprise the Registration district of Staines, the County Council felt that further consideration of the matter must be postponed till the issue of his report. This was issued and considered by the Council at the close of the year. Dr. Manby expressed the opinion that hospital provision could be best provided by combination of the four districts. He indicated how they might do this, either by agreement or by formation of a Joint Hospital District under section 279 of the Public Health Act, but expressed the hope that if they did not act promptly the County Council would not hesitate to take action under the Isolation Hospitals Act. Accordingly

communication was sent to the four authorities asking them to inform the County Council as to the steps they proposed taking in the matter.

2. SMALLPOX HOSPITAL ACCOMMODATION.

The provision for isolation of cases of smallpox is as follows :—

Thirteen districts in 1905 applied for, and were constituted into a Joint Hospital Board for Smallpox. Recently Feltham applied to be included in this Board, and the Local Government Board, after holding a local inquiry, issued a provisional order acceding to the application.

The constituent authorities are the following :—

Acton.	Hampton Wick.
Brentford,	Hanwell.
Chiswick.	Harrow.
Edmonton.	Southgate.
Enfield.	Tottenham.
Feltham.	Wealdstone.
Greenford.	Wood Green.

At a meeting of the Board on the 5th March, 1906, it was resolved to make application to the Local Government Board for their sanction to a loan amounting to £38,087 for the purpose of purchasing Clare Hall Hospital property and furniture, and the expenses in connection therewith. An enquiry was held by the Local Government Board, on October 5th, 1906, as the result of which sanction was granted for the above loan, to be repayable in 25 years, subject to an undertaking on the part of the Hospital Board that certain requirements relating to the hospital buildings should be carried out

As regards other districts the following information has been supplied by the local medical officers of health.

Ealing.—Has a hospital which contains two wards to accommodate 12–16 beds.

Finchley.—Has two temporary buildings situated in Summers Lane, North Finchley, containing 4 wards capable of accommodating 24 patients.

The district of *Hornsey* has made arrangement with Finchley. This agreement is in force until 1913.

Friern Barnet.—No definite provision.

Hampton.—The District Council have made arrangements with the Croydon and Wimbledon Joint Smallpox Hospital Board, to send patients to the hospital situated at Cheam, Surrey. This arrangement is apparently of a temporary nature.

Heston and Isleworth.—Have a hospital situated at Dockwell—by arrangement this is also used for patients from Richmond.

Hendon (urban).—No definite provision.

Kingsbury.—No special provision.

Southall-Norwood.—The “District Council are under a permanent arrangement with the hospital authorities of South Mimms to receive cases of smallpox from this district.” It is not stated whether this arrangement has been affected by the fact that the hospital at South Mimms has now been acquired by the Joint Smallpox Hospital Board referred to above.

Wembley.—No special provision.

Hendon (rural).—No arrangements.

South Mimms (rural).—No provision.

Uxbridge (urban and rural), Hayes and Ruislip-Northwood.
—These four districts are combined into a united district for the purpose of isolation hospital provision, and have provided a temporary hospital at Yeading. As the tenure of the land on which this is situated is about to expire, this Board was, at the end of the year 1907, considering the arrangements which should be made for the future.

Teddington.—No information.

Twickenham.—A cottage hospital.

Willesden.—Arrangements have been made with the Metropolitan Asylums Board to send cases to the hospitals of this authority.

In the case of three of the districts in the Staines Union—namely, Staines (urban and rural) and Sunbury—up to quite recently, a wooden and corrugated iron hospital which had been provided by the Staines rural authority on land belonging to the Guardians, was available for cases of smallpox. Dr. Morris, the medical officer of Staines rural district, now reports as regards hospital accommodation, that “as the building formerly used as such has reverted to the Guardians, we have no provision yet, as far as a site is concerned, but we have a small building which will fully meet our needs when a place to put it is forthcoming.” He states that negotiations for the acquisition of a site have so far not been successful, and draws attention to the risk of spread of the disease, should a case occur, owing to the large number of unvaccinated persons.

Cases removed to Hospital suffering from certain notifiable Infectious Diseases.

District.	NUMBER REMOVED.				Total.	NUMBER NOTIFIED.			
	Scarlet Fever.	Diphtheria.	Membranous Group.	Enteric.		Scarlet Fever.	Diphtheria.	Membranous Group.	Enteric.
URBAN.	232	52	{	7	291	267	{	13	343
	96	23		2	121	105		3	160
	150	9		18	177	201		30	261
	138	94		3	235	174		9	301
	190	82		24	296	231		29	355
	293	48		6	347	353		10	447
	—	—		—	—	12		5	18
	76	38		3	117	125		6	190
	35	9		—	44	50		1	68
	—	—		—	—	1		4	5
	4	9		1	14	9		2	20
	5	—		—	5	7		4	11
	24	2		3	38	110		25	135
	—	—		—	29	30		6	41

Hayes	..	..	..	3	—	—	4	—	—	4
Hendon	..	..	..	52	25	79	67	43	3	113
Heston & Isleworth	..	..	..	73	52	127	80	119	6	205
Hornsey (<i>Borough</i>)	..	..	..	174	70	248	283	98	11	392
Kingsbury	..	..	..	—	—	—	—	—	—	—
Ruislip-Northwood	..	..	..	7	2	9	19	6	—	25
Southall-Norwood	..	..	..	29	21	51	38	24	2	64
Southgate	..	..	..	106	20	126	148	32	1	181
Staines	..	..	..	—	—	—	22	3	—	25
Sunbury	..	..	..	1	—	1	8	3	—	11
Teddington	..	..	..	1	—	1	46	8	—	54
Tottenham	..	..	..	625	71	724	728	101	40	869
Twickenham	..	..	..	61	2	65	64	18	5	87
Uxbridge	..	..	..	Not given	11	given	31	9	1	41
Wealdstone	..	..	..	13	—	25	18	13	3	34
Wembley	..	..	..	—	—	5	19	3	2	24
Willesden	..	..	..	547	186	747	641	254	28	923
Wood Green	..	..	..	193	50	249	235	82	11	328
RURAL.										
Hendon	..	..	..	29	9	40	41	9	3	53
South Mimms	..	..	..	1*	—	1	16	7	—	23
Staines	..	..	..	—	—	—	79	60	3	142
Uxbridge	..	..	..	55	5	60	73	6	—	79

* This case was removed to the London Fever Hospital.

DISINFECTION.

In the following table the facts as to the means of disinfection have been brought up to date as far as possible.

In the case of Edmonton, the medical officer of health makes the following remarks: "The building of the disinfecting station is only a temporary structure, and if at any time the Council takes into consideration the building of a permanent structure, this might with advantage be erected near the pumping station at Deepham's Farm, there being steam always in readiness for use. A great saving would thereby be effected."

Dr. Morris, in regard to Feltham, says: "A steam disinfecter will, no doubt, be installed when the Isolation Hospital question is definitely settled."

Dr. Lock, medical officer of health, Uxbridge Urban District, states: "I presume the Council will shortly have the use of the steam disinfecter to be erected at the new buildings of the Joint Fever Hospital."

In the report of the Staines Rural District, Dr. Morris, in regard to diphtheria, states: "Extension was further thought to take place, owing to the great difficulty in thoroughly disinfecting the bedding and clothing, which cannot be done without a steam disinfecter."

Uxbridge Rural District. — Dr. Charpentier reports: "There is no means of properly disinfecting clothing or bedding; a steam disinfecter is needed, and I understand will shortly be provided at the Joint Hospital."

Methods of Disinfection in Use.

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Acton ..	Sprayed with formalin and then fumigated for six hours with formalin	Steam disinfecting apparatus (Washington Lyon) at Isolation Hospital	Two vans, one for infected, other for disinfected articles.
Brentford ..	Infected rooms sprayed with formalin or disinfected with sulphur dioxide (SO ₂). Walls stripped and cleaned where necessary. No details given as to methods in practice	Steam disinfecting apparatus at Isolation Hospital.	
Chiswick ..	No details given as to methods in practice	" "	
Ealing ..	" "	Steam disinfecting apparatus.	
Edmonton ..	Sprayed with formalin ..	" "	Two transport vans.
Enfield..	No details ..	" "	
Feltham ..	Spraying and fumigation with formalin	No steam apparatus. Exposed in room during fumigation.	

Methods of Disinfection in Use—continued.

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Finchley ..	Spraying and fumigating with formalin. Walls stripped and cleaned, and the ceiling whitewashed, if necessary	Steam disinfecting appa- ratus (Equifex).	
Friern Barnet..	Spraying with formalin and sulphur fumigation. Cleansing if necessary	Sent to Finchley.	
Greenford ..	.. ..	.. ..	It appears that disinfection is carried out by the Borough of Ealing.
Hampton ..	Fumigation with forma- lin, stripping and cleansing where neces- sary	Steam apparatus at Isola- tion Hospital.	
Hampton Wick	Fumigation with sulphur- ous acid gas	No disinfecting apparatus.	

Methods of Disinfection in Use—continued.

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Hanwell ..	Formalin spray	By arrangement with Ealing use of the steam apparatus here is avail- able when not in use.	
Harrow ..	Formalin spray and fumi- gation	Steam disinfecting appa- tus at Hospital.	
Hayes ..	Disinfection with formalin	No steam disinfecting apparatus.	
Hendon ..	Disinfection with formalin. Walls stripped and cleansed if necessary	Steam disinfecting appa- tus (Washington Lyon).	
Heston and Isleworth	No details given as to methods in practice	Steam disinfecting appa- tus.	
Hornsey ..	"	"	
Kingsbury ..	Formalin spray and fumi- gation. Cleansing of walls, &c., if necessary	No information given.	

Methods of Disinfection in Use—continued.

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Ruislip- Northwood	Sprayed with 5% solution of Lysoform, then fumi- gated with formalin	There is no steam disin- fectant at the Isolation Hospital.	Two transport hand trucks. If case is treated at home the walls of rooms are stripped and scraped.
Southall- Norwood	Fumigation with sulphur. Walls, floor, and ceiling are brushed over, and woodwork washed with solution of chloride of lime	Steam disinfecting appara- tus at Hospital (Thresh).	
Southgate ..	Formalin spray and fumi- gation. Walls stripped and rooms washed	Steam disinfecting appara- tus at Hospital.	Two transport vans.
Staines (urban)	Fumigation with vapour of formaldehyde. The walls are stripped and re- papered in all cases	No steam disinfecting apparatus.	
Sunbury ..	Fumigation with formalin	No steam apparatus, sprayed with formalin.	

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Teddington ..	Sprayed with formalin ..	No steam apparatus. Steeped in a solution of Jeyes' liquid.	
Tottenham ..	Rooms fumigated, stripped and cleansed	Steam disinfecting appa- tus provided.	
Twickenham ..	Rooms fumigated.. ..	No information.	
Uxbridge ..	Fumigation with formalin, stripping and cleansing where necessary	No steam disinfecting apparatus	
Wealdstone ..	Formalin spray and sulphur fumigation	Steam disinfecting appa- tus with formic aldehyde added.	
Wembley ..	Formalin spray and forma- lin fumigation	Steam disinfecting appa- tus in basement of office	
Willesden ..	Formalin spray	Steam disinfecting appa- tus at Hospital	
Wood Green ..	No details given as to methods in practice	Steam disinfecting appa- tus.	

Methods of Disinfection in Use—continued.

District.	Rooms.	Articles of Clothing, Bedding, etc.	Remarks.
Hendon (rural).	Formalin spray and formalin fumigation. Floors washed with Pynerczone	Sprayed with formalin and fumigated, or disinfected in steam apparatus at Hospital.	Special bed van.
South Mimms (rural)	Rooms fumigated	No information.	
Staines (rural). .	Formalin fumigation (Ligner's apparatus)	No steam apparatus.	
Uxbridge (rural)	Sulphur fumigation and after smallpox formic-aldehyde fumigation as well	„ „	

MIDWIVES ACT, 1902.

In this section account is given of the administration by the County Council as local supervising authority under the Midwives Act.

At the beginning of the year notice was duly given to certified midwives as to their duty to notify the Council of their intention to practise, and a blank form forwarded on which to do so.

As a result, 209 midwives sent in notifications. These were from midwives in the following districts:—

Acton 13	Southgate 4
Brentford 3	Staines (urban) .. 2
Chiswick 15	Sunbury 3
Ealing 6	Teddington 5
Edmonton 16	Tottenham 17
Enfield 11	Twickenham 9
Feltham 5	Uxbridge (urban) .. 1
Finchley 1	Willesden 15
Hampton 2	Wood Green 5
Harrow 1	Ilendon (rural) .. 1
Hendon (urban) .. 8	Staines (rural) .. 11
Heston-Isleworth .. 21	Uxbridge (rural) .. 3
Hornsey 7	Extra County 12
Ruislip-Northwood.. 1	Temporary 7
Southall-Norwood .. 4	

No notifications have been received from women in the following districts, and, as the result of inquiries which have been made, no evidence has been forthcoming that certified women residing therein are practising :—

Friern Barnet.	Kingsbury.
Greenford.	Wealdstone.
Hampton Wick.	Wembley.
Hanwell.	South Mimms.
Hayes.	

In addition to the above, there are 392 other certified midwives residing in the County. These have all been communicated with and visited, but there is no reason to think that they are practising as midwives, many of them merely acting as monthly nurses in attendance on cases under medical practitioners.

Thus the net result is :—

Notified midwives	..	..	..	..	209
Midwives who have not notified	..	..			392
					<hr/>
Total	..	..	..	..	601
					<hr/>

Of the practising midwives it is found that:—

88 possess a hospital or the L.O.S. certificate.

28 have passed the Examination of the Central Midwives Board.

93 were enrolled by reason of having been in *bonâ fide* practice previous to the passing of the Act.

Uncertified women.—There is still a large number of women in the County who are not certified, and who can, until 1910, attend women in their confinement so long as

they do not call themselves midwives, or, in the words of the Section, do not “take or use the name or title of midwife [either alone or in combination with any other word or words] or any name, title, addition or description implying that” they are certified under the Act.

I have the names and addresses of 391 such women; of these 65 appear to be fairly regularly attending cases, while 326 only occasionally do so. It is necessary frequently to visit some of these women in order to ascertain whether they commit a breach of the Act, and although they do not come under the rules, to impress upon them the importance of cleanliness.

In no case was evidence obtained that any of these women committed a breach of the Act. In reference to one case, attended by an uncertified midwife, an inquest was held by the Coroner.

Certified Midwives.—In reference to these the following particulars may be given:—

	Midwives.
Cautionary letters sent by the Council to ..	8
Suspended from practice under Section 8 (3)	
(a) Appliances not complete	2
(b) To prevent spread of infection ..	3
Reported to Central Midwives Board.. ..	1
Removed from Roll by Central Midwives Board	1
Died	3

Notifications under the Rules were received from Midwives as follows:—

Medical Aid	588
Still-births (Midwives) ..	125
Death of Infants	22

The reasons for sending for medical aid were as follows:—

High Temperature, 43.	Transverse
Contracted Pelvis, 13.	Presentation, 15.
Premature Birth, 43.	Still-birth, 34.
Prolonged Labour, 90.	Eclampsia, 6.
Retained Placenta, 24.	Unsatisfactory con-
Hæmorrhage, 6.	dition of mother, 65.
Ante-partum Hæmorrhage, 8.	Rigor, 1.
Post-partum Hæmorrhage, 11.	Collapse, 5.
Placenta Prævia, 9.	Unsatisfactory con-
Ruptured Perinæum, 44.	dition of child, 135.
Abnormal Presentation, 32.	Infectious disease, 4.

Considerable improvement is noticeable as regards the regularity and the way in which midwives now send in their notifications under the Rules, and this is no doubt the result of inspection, seeing that the number of notifications is nearly double that of the previous year.

The particulars as to the still-births which occurred are set out in the following table:—

Still-births in the practice of Certified Midwives, 1907.

Age of Child.	Number notified as still-born.	Number macerated or decomposed.	Number occurring in		Previous still-births or miscarriages in	Presentation.				Sex of child.	
			First preg-nancy.	Subsequent preg-nancies.		Vertex.	Breech.	Other.	(Unknown)	M.	F.
Full Term	79	39	9	70	20 cases	61	12	6	—	42	37
8 months..	25	17	2	23	13 "	19	4	1	1	15	10
7 months..	29	17	9	20	8 "	18	9	—	2	13	16
6 months..	16	10	2	14	5 "	11	2	1	2	11	5
Under 6 months	10	3	1	9	4 "	4	—	—	6	4*	1*

* In 5 cases sex not given.

The number of cases of puerperal fever occurring in the practice of midwives shows a decrease on the previous year.

Cases of puerperal fever notified in County, distinguishing those occurring in the practice of certified midwives:—

Year.	Total Cases Notified.	Cases occurring in Practices of Certified Midwives.
1904	56	Not known.
1905	53	12
1906	56	15
1907	52	9

In all cases steps are at once taken by restricting the practice of the midwife to the case and by disinfection as soon as it terminates to prevent the spread of infection, and no secondary case occurred.

The total number of inspections made was 1,342.

On August 9th, 1907, a letter was received from the Central Midwives Board, forwarding a copy of a resolution of the Board as to the importance of instructing and encouraging midwives in taking and recording the temperature and pulse of the patients under their care. I may state that since Miss Pollard was appointed as Inspector under the Midwives Act considerable time has been devoted by her in explaining to midwives, and more

especially to those who have not had any training, the use of a clinical thermometer, and she has practically demonstrated to them how to read it. As the result of the instruction which has been given, I find that most of those women, who before had not the faintest knowledge of how to use a thermometer, are now able to take temperatures sufficiently well to be able to appreciate when it is necessary to call in medical aid. They have also been told to keep a record of the daily temperatures and of the pulse, and this is very generally done.

At the commencement of 1907, the Committee instructed me to ask midwives for weekly returns of the births which they had attended. This was done with the object of affording to local medical officers of health early information of the births occurring in their district, with a view to the houses being visited by health visitors, and instruction being given as to the management and feeding of infants.

Information was only obtained from midwives in districts in which health visitors have been appointed, or where other means existed for making use of the information, that is to say in the districts of Acton, Ealing, Edmonton, Heston and Isleworth, Hornsey, Tottenham and Willesden.

The result of this was found to be eminently satisfactory. In the first place, the midwives readily co-operated in the matter, and returns came in regularly and without delay, so that it was possible to let the district medical officers have the information about ten days to a fortnight after the birth. This period is in nearly all cases early enough, as up to ten days after the birth the midwife in attendance is,

under the rules of the Central Midwives Board, responsible for the care and dieting of both mother and child, and it is very undesirable, unless there is reason to regard the midwife as incompetent, for the mother to be visited by a health visitor, who may inadvertently interfere with arrangements made by the midwife. In the second place the information supplied by the County Council was found of great utility to the local officials.

The total number of births of which information was thus received was 5,278. This formed the greater part of cases attended by midwives in the County, for it appears from a return sent in by midwives on the completion of the year that the number of cases attended by them was: as midwives, 7,617; and as nurses in cases in which a doctor had also been engaged, 987.

In some parts of the country difficulty has arisen since the passing of the Act in regard to the question of the payment of medical men called in to cases on the advice of certified midwives. Instances have occurred in Middlesex, but on the whole not to any extent. During 1907, the Local Government Board issued a circular letter to Guardians in which this matter is dealt with as follows:—

The Board desire to take this opportunity of bringing under the notice of the Guardians their views on a question which, as their correspondence shows, has been a source of considerable difficulty to Boards of Guardians and other local authorities. The Board refer to the question of the payment for medical assistance in those cases where, under No. 18 of the enclosed Rules, a midwife has advised that such assistance should be obtained.

With regard to this matter the Board may refer to the provisions in Articles 182 and 183 of the General Consolidated Order, where these or similar Articles in other Orders are in force, and also to the enactment in Section 2 of the Poor Law Amendment Act, 1848 (11 and 12 Vict., c. 110.)

If, where the Articles referred to are in force, the District Medical Officer attends in cases of the kind above mentioned, he will be entitled to the payments for which the Articles provide, should the woman be actually in receipt of relief, or should the Guardians subsequently decide that she was in a destitute condition, although no order for his attendance was given by a person legally qualified to make such order. Moreover, the section alluded to empowers the Guardians "if they think proper, "to pay for any medical or other assistance which shall be "rendered to any poor person on the happening of any accident, "bodily casualty, or sudden illness, although no order shall have "been given for the same by them or any of their officers, or by "the overseers," and the Board are advised that, under this enactment, it is competent to the Guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty.

The Board would suggest that medical men and certified midwives practising in the Poor Law Union should be informed that, in cases arising under Rule 18, the Guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the Section and to pay a reasonable remuneration to the medical man called in. Any such payments should be on a definite scale which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.

It appears to the Board that the exercise by Boards of Guardians in a careful but liberal spirit of their powers under the enactment quoted will furnish a satisfactory solution of the problem to which they have referred, and that no reasonable ground of complaint should remain either to the public or to the

medical profession. Moreover, general action on the part of Boards of Guardians in the direction indicated would tend to the preservation of two most important principles which are in danger of being overlooked; first, the responsibility of the husband or natural guardian of the patient to provide for her necessities, and secondly, the right of the Guardians to determine who, by reason of poverty, is entitled to medical assistance at the expense of the rates.

I brought this circular to the notice of the Committee, and on my suggestion, communications were addressed to the various Boards of Guardians on the subject with the following result: the Council was informed by two of the Boards of Guardians, viz.: Hendon and Uxbridge, that they would be prepared to pay a fee to doctors called in on the advice of midwives, if satisfied that the husband was unable to pay the fee, whilst the Kingston Board of Guardians replied that "they instruct their District Medical Officers to render assistance in such cases if the parties are really destitute." At their request a list of certified midwives, with their addresses, was forwarded by the Council to each of these Boards of Guardians.

HOUSING AND THE HOUSING OF THE WORKING CLASSES ACTS.

The work carried out by the sanitary staffs of the thirty-six districts in the County in connection with the inspection of houses on complaint, systematic house-to-house inspection, and the action which this necessitated, will be found set out in statistical form in Table III. appended to this report. For the purpose of obtaining information on this and other matters relating to sanitary inspection blank tables are each year supplied by the

County Council to each medical officer of health. It is a difficult matter to draw up a table of this sort which shall be suitable to the character of the work carried out in an area such as is comprised within the County boundary, owing to the fact that whilst, on one hand, some of the districts are to all intents and purposes metropolitan in character, on the other hand, the conditions are those of a rural district. The table has been got out after consultation with the local medical officers of health, so as to meet as far as possible the varying conditions of all these districts. Study of the table will show that much work is being done by the sanitary inspectors in the County.

In supplement to the statistical details referred to, attention may be drawn to the following remarks in the annual reports :—

Brentford.—Early in the year Dr. Manby made inquiry into the sanitary administration of this district, and he recommended that the district council “should without delay give effect within their district to the provisions of Part I. and Part II. of the Housing of the Working Classes Act, 1890,” and should also consider the desirability of action under Part III.

As a result, Dr. Bott reports that it “was decided to press on the work of closing old and insanitary houses.” and several blocks of insanitary property were dealt with under the Housing Act during the year. A long list is given in his report of houses now unoccupied as a result. In connection with the proceedings as to one group of houses, at the request of the district council I inspected and reported on the houses and later gave evidence in support of the action of the authority.

Chiswick.—Mr. Clark, the sanitary inspector, again refers to the advantage of the system of house-to-house inspection in force in the district. Altogether 2,895 houses were inspected. The paving of yard spaces has received special attention during the year.

Edmonton.—In connection with the by-law of the local authority which requires that no house shall be let or occupied until it is certified to be fit for human habitation, the medical officer of health reports that there is evidence that greater attention is given by builders and owners to a strict observance of the building by-laws.

Feltham.—Dr. Morris writes in his report that “there are one or two doubtful areas which do not reflect much credit on the owners, and which will be better dealt with when the warmer weather comes.”

Hampton Wick.—The medical officer states that eight cottages were pulled down by the tramway company and the inhabitants moved into an adjoining district where the company have erected eight cottages. A scheme for building workmen’s cottages is still in abeyance. Part III. of the Housing Act has been adopted.

Hayes.—Dr. Higginson reports that the building of new houses was not carried on to the same extent as in 1906; but that at present the number of houses is greater than the demand, but he thinks this would be greater if there were cottages of a rental of 5s. to 6s. a week.

Hendon (urban).—A scheme has been approved by the district council to erect 50 houses for working men at Child’s Hill, where overcrowding is at present common. It is anticipated that these will be completed within twelve months.

Dr. Andrew also refers to the fact that the "Hampstead Garden Suburb" is situated entirely within Hendon, and gives a brief description. The site covers 243 acres available for building, and 80 acres which have been purchased by the London County Council as an extension of Hampstead Heath. It is proposed to erect 1,400 houses, or an average of seven to the acre. At the date of the report 70 houses were in occupation.

Heston and Isleworth.—Dr. Steegmann states that more house-to-house inspection "might with great advantage have been carried out if an additional inspector had been available to do it." The staff is at present the same as it was "seven years ago, in spite of the great increase in the number of houses in the district, and the additional duty of testing the drains of all new buildings."

Southgate.—Dr. Ransome reports that old insanitary cottages are lessening in number each year and that "a considerable number of new and much-needed cottages have been built by private enterprise" during the year.

Staines (urban).—Dr. Tothill reports that there is a sufficiency of house accommodation and that the houses are, generally speaking, satisfactory. Two were closed by the owners in preference to carrying out requirements of the authority.

Sunbury.—Dr. Byham writes: "No dwellings have been condemned as unfit for human habitation, but several houses on the border line have been put into a fit and proper state.

Teddington.—In last year's report reference was made to an application made to the Local Government Board for a loan of £4,200, to purchase land for working-class dwellings. The borrowing of a loan has now been sanctioned.

Tottenham.—In this district 32 houses were completed by the London County Council and 132 by the Peabody Trust during 1907.

Wealdstone.—Dr. G. Butler writes as regards dwellings for the working classes:—"The remarks made upon these matters in previous annual reports still apply to some portions of the district. Although there are plenty of houses of this class, rents are unfortunately very high, and much too large a proportion of the weekly wage has to go in rent, leaving too little to provide adequate nourishing food, proper clothing, and other necessaries of life. In order to mitigate this so far as possible, many are really compelled to sub-let a portion of the house, or to take lodgers, thus naturally leading up to overcrowding and its attendant evils. I do not think the evil exists to a dangerous extent. I do, however, strongly recommend a house-to-house inspection of this class of property, so that any bad cases may be brought to notice, and the remedy applied. This applies, of course, to overcrowding, want of cleanliness, faulty structural defects, dampness, and other sanitary remissness. Especially should attention be given to the nuisance caused by the keeping of domestic animals, fowls, rabbits, etc., in the backyards of these houses. These are more often than not unpaved, becoming very filthy in wet weather."

Willesden.—Representation was made by the medical officer as to three houses being unfit for habitation, and notices were served to put them in a habitable condition. The owners decided to pull them down.

Rural Districts.—In none of the reports relating to the four rural districts is it indicated that there is inadequacy of cottages for the working class, except in the case of Uxbridge (rural), in which Dr. Charpentier writes:—“Many of the houses are old and beyond being rendered modern, but cottages are so scarce for working men that one hesitates to close those there are, if at all habitable.” As regards Staines (rural), Dr. Morris reports that action was taken under the Housing Acts, and closing orders obtained as to 11 cottages at Ashford Common. The property is now being repaired. In the case of another group of houses at Harlington, proceedings were also taken. Several of these, it appears, have since been vacated and the houses are falling into ruin.

HOUSES LET IN LODGINGS OR TENEMENT HOUSES.

But little additional information to that set out in the County Report for 1906 is given in this year's reports.

The following figures are given as to houses of this class which have been registered under the by-laws:—

Chiswick, 341.

Southall-Norwood, 16.

Hanwell, 18.

Tottenham, 12.

Heston and Isleworth, 1.

No information is given in the report relating to Willesden, which contains the largest population of any district in the County, as to whether any action has been taken in regard to the registration of houses let in lodgings. It would appear, however, from some interesting statistics given by Dr. Butler showing the effect of social status upon sickness and mortality rates, that there exist in the district houses occupied by more than one family, and which are probably of the class for which these by-laws are intended. Thus Dr. Butler has classified his figures in three groups, the lowest group consisting of "streets in which the prevailing type of house consisted of one, two, three or four-roomed tenements, and where the rental was less than £30 a year." This group, it appears, constitutes about 45 per cent. of the population of Willesden, and averages about eight persons per house. The total number of houses in this class is given as 7,766 for 1907. Dr. Butler gives the mean death-rates of the three groups of persons for the last three years, and these are definitely higher in the third class than in either of the other classes, and especially marked is the effect on the general death-rate, infantile mortality, whooping cough, measles and diarrhoea. It would be interesting to know to what extent registration under the by-laws of houses amongst this class has been carried out, and the frequency with which they are visited with a view to the observance of the requirements of these by-laws as to cleanliness, overcrowding, &c.

In the report for Edmonton, Dr. Lawrence states that a large number of houses come within the scope of the by-laws, but that it has not been possible with the existing

staff to make any attempt to put the by-laws into force. To do this, he states, requires the services of an additional inspector.

Overcrowding.—The number of cases of overcrowding abated during the year is returned as 289, as compared with 292 in 1906 and 234 in 1905.

COMMON LODGING-HOUSES.

From the details given in the reports as to this class of premises, it appears that there are 34 registered houses, as follows:—

Acton 2	Heston and Isleworth 2
Brentford 7	Staines (urban) .. 1
Edmonton 1	Tottenham 4
Hampton Wick .. 2	Uxbridge (urban) .. 12
Harrow 1	Willesden 2

In the case of Willesden it is stated that during 1907 a new common lodging-house was registered after various alterations to meet the requirements of the Public Health Committee had been carried out. These included the provision of bath-room accommodation with a hot water supply, which it is stated is fully utilised by those frequenting the house.

Contraventions of the by-laws numbered 29.

MOVABLE DWELLINGS.

In this section a summary is given of the remarks made by medical officers of health as to the difficulty and work arising in connection with dwellers in vans, tents, &c., for

the purpose of controlling whom the County Council sought additional powers from Parliament in 1906. These powers can be made applicable in any district on an application being made to the County Council, and a list of those districts is given in which they are in force. In addition, special by-laws, approved by the Home Office, are in force in the following :—

Acton,	Tottenham,
Hendon (urban),	Twickenham,
Southgate,	Wood Green,
Teddington,	Staines (rural),

whilst by-laws under Section 9 of the Housing of the Working Classes Act have also been made by some of the districts. These will be found in the section later in this report relating to by-laws.

In connection with the subject of gipsy encampments, it may be well to point out that Section 31 of the Public Health Acts Amendment Act, 1907, enacts that if any land adjoining any street is, owing to the absence or inadequate repair of the fence, used for any purpose causing inconvenience or annoyance to the public, the Local Government Board, on the application of the local authority, may by Order empower the local authority to proceed under this section, and, in that case, at any time after the expiration of fourteen days from the service upon the owner or occupier of notice in writing by the local authority requiring the land to be fenced or any fence of the land to be repaired, the local authority may cause the land to be fenced or may cause the fences to be repaired in such

manner as they think fit, and the reasonable expenses thereby incurred shall be recoverable from such owner or occupier summarily as a civil debt.

The following is a list of district councils who have applied to the County Council to determine that Section 34 of the General Powers Act, 1906 (relating to gipsy encampments), be made applicable to their districts :—

Friern Barnet	..	granted	December, 1906.
Greenford	.. ..	„	„
Hanwell	.. ..	„	February, 1907.
Wood Green	.. ..	„	April, 1907.
Southall-Norwood	.. ..	„	December, 1907.
Chiswick	.. ..	„	January, 1908.

The following remarks are made in the annual reports with reference to gipsies :—

Brentford.—The sanitary inspector states : — “The dwelling vans of showmen who visit the town for the purpose of attending the fairs were inspected in order to ascertain their sanitary condition, and also for the purpose of detecting any infectious disease which might exist among the inmates. The condition of the vans was satisfactory, and no cases of infectious disease were found among the occupants.”

Edmonton.—The inspector of nuisances reports that several residents have left their houses, owing to the annoyance caused by the filthy language and habits of the gipsies.

During the year 74 notices were served, 10 summonses were issued and 7 summonses served and convictions obtained. The number of gipsies seen and removed was 375.

The land between Lorenzo Road, Tottenham, and Bridport Road, Edmonton, upon which gipsies used to settle, has now been fenced in.

Hanwell.—Mr. Thomas (inspector of nuisances) states “that gipsies have not troubled the district as in former years. Only four cases came under my observation, and these were removed from the district the same day as warned.”

Southall-Norwood.—Thirty-six movable dwellings came under observation during the year.

Staines (urban).—The medical officer of health reports:—
“Caravans.—One hundred and fifteen have been observed during the year. They mostly come at fair times and in connection with various shows. They are generally clean and give no particular trouble.”

Tottenham.—Dr. Butler-Hogan states that “203 gipsy encampments have been removed during 1907, and this department has had the co-operation of the police in dealing with these vagrants. The number removed in 1906 was 248, as contrasted with 35 in 1905 and 41 in 1904. The officers of your Council should be armed with fuller legal powers in dealing with gipsies, as under present circumstances they return for the most part within 24 hours of their removal by the sanitary inspector. It would be well if the land which they have recently made

their chief camping ground at Devonshire Hill were fenced in by the Council, in the sanitary interests of that portion of your district."

Hendon (rural).—Dr. Leslie Romer reports that 279 vans have been inspected, including 41 at Pinner Fair; 208 were moved on, and 35 nuisances were abated. Mr. Johnson, the sanitary inspector, has had a great deal of work in connection with these people, Harrow Weald being specially infested by gipsies.

Staines (rural).—The medical officer of health remarks that at Ashford Common several plots of land are owned by the users, and at times these plots are overcrowded.

CANAL BOATS USED AS DWELLINGS.

As regards the administration of these Acts, the following references are made :—

Brentford.—The sanitary inspector reports :—"Brentford is the Registration Authority for the whole of the surrounding district. There are 307 boats on the Council's Register, one new boat having been registered.

During the year 16 boats were examined, and, with one exception, the condition of the boats and their occupants was satisfactory. Five infringements of the Acts and Regulations were detected. They are as follows :—

Boat not registered	..	..	..	1
Master without certificate	..	..	..	2
Cabin dirty	..	..	..	1
No water vessel	..	..	..	1

No legal proceedings were taken in respect of any infringements. Three complaints notes were issued, all of which have been returned to me signed by some duly appointed inspector of Canal Boats.

I am pleased to report that no cases of Infectious Disease have been notified upon any of the boats, and therefore it has not been necessary to detain any vessel for the purpose of cleansing and disinfection."

Chiswick.—The sanitary inspector states there are three draw-docks in the district, in which a large number of occupied canal boats are docked annually. Hitherto these boats have not been inspected by the Council's officials, and he says it is a question for consideration whether the duties in this district under the Canal Boats Acts should be clearly defined.

Edmonton.—During the year the canal boats were inspected, and 6 contraventions of the Acts were discovered. The inspector states that the inspection of the boats could be more efficiently performed by an officer having control of the whole of the waterway.

Hanwell.—Eleven boats were inspected, and the number of persons living on board at the time of inspection was 17 adult males, 6 adult females, and 3 children.

The boats inspected were all used in the carrying of bricks, and the number coming to unload in the district is

growing smaller, owing to the continued depression of the building trade in the district.

Three contraventions of the Acts were discovered.

Hayes.—Three contraventions of the regulations were discovered.

Heston and Isleworth.—The number of contraventions was 34.

Southall-Norwood.—Twenty-four boats were inspected and 3 infringements were remedied.

Uxbridge (urban).—Two hundred and sixty-two canal boats are registered and 19 contraventions were discovered.

Wembley.—Two contraventions are reported.

Willesden.—There were 7 contraventions discovered during the year.

WATER SUPPLY.

With a view to obtaining information as precise and full as possible as to the conditions of water supply in the County, I specially made inquiry of the district medical officers of health on the subject, and the result of the information supplied by them is set out in tabular form, together with supplementary notes which they were good enough to give.

From this it will be seen that practically the whole of the County is within the area of supply of a public authority

or one or other water company. The areas in which these supply water are as follows:—

Metropolitan Water Board—

Acton.	Hornsey.
Brentford.	Southall-Norwood,
Chiswick.	small part of.
Ealing.	Southgate.
Edmonton.	Sunbury.
Enfield, all but small	Teddington.
part.	Tottenham.
Hampton.	Twickenham.
Hampton Wick.	Willesden.
Hanwell.	Wood Green.
Hendon(urban),part of.	Staines (rural), the
Heston & Isleworth.	parish of Hanworth.

Barnet Water Company—

Finchley.	South Mimms.
Friern Barnet.	Enfield, a small part of.

The Colne Valley Water Company—

Ruislip-Northwood.	Wealdstone.
Harrow.	Hendon (urban), part
Hendon (rural).	of.
Greenford (small part	Wembley.
of).	Kingsbury.

The Rickmansworth and Uxbridge Valley Water Company—

Uxbridge (rural).	Greenford, part of.
Hayes.	Staines (rural), part of.

The South-West Suburban Water Company—

Staines (urban).	Feltham.
Staines (rural), part of.	Southall-Norwood, greater part of.

The West Surrey Water Company—

Staines (rural), part of.

In the case of Uxbridge (urban), the District Council are the water authority and have their own waterworks.

	1	2	3
	Water Company or Companies supplying within district. Where more than one public supply, specifying parishes or parts supplied by each as far as possible.	Whether public water supply is available throughout whole area of district. Specifying parishes or parts in which not available.	Whether any considerable groups of houses dependent on supply from wells? If so whether shallow or deep wells.
<i>Urban.</i>			
*Acton ..	Metropolitan Water Board (Grand Junction)	Yes ..	No.
†Brentford ..	Ditto ..	Yes ..	No.
Chiswick ..	Metropolitan Water Board..	Yes ..	No.
†Ealing (<i>Borough</i>) ..	Metropolitan Water Board (Grand Junction)	Yes ..	No.
†Edmonton ..	Metropolitan Water Board (New River)	The main is not laid in Firs Lane, adjoining Southgate. One farm only is unable to get supply	One group of 50 houses supplied from wells about 20 feet deep.
†Enfield ..	Metropolitan Water Board, except Hadley Wood and Cockfosters, supplied by Barnet District Gas and Water Co.	No. Parts of district on Enfield Chase, such as Botany Bay, on the Ridgeway Road and Cattle Gate	Only small groups of houses dependent on supply from wells, and these are mostly shallow wells.
†Feltham ..	South-West Suburban Water Co.	No. Ashford Road and Ashford Clumps, Tye Estate, Sunbury Road, Lower Feltham, Chertsey Road	Yes, in the areas mentioned in column 2, shallow and tube wells.
†Finchley ..	Barnet Water Co. ..	Yes ..	No.
†Friern Barnet ..	Barnet District Gas and Water Co.	Yes ..	No.

†Greenford ..	Rickmansworth and Ux- bridge Valley Co. supply Greenford, Colne Valley Co. Perivale	Yes	No.
†Hampton ..	Metropolitan Water Board (Grand Junction)	Yes, except to some cottages in Home Park and Bushey Park, which have deep wells	No.
Hampton Wick ..	Metropolitan Water Board..	Yes	There are not any houses dependent on wells.
Hanwell ..	Ditto	Yes	No.
Harrow ..	Colne Valley Water Co. ..	No. Hayes Gate from Jews' School to eastern boundary of district (High Road)	Several, but these are being rapidly dealt with. The wells are deep wells.
Hayes ..	Rickmansworth and Ux- bridge Valley Co.	Yes, except two or three houses not within reasonable distance of main	No. A few shallow wells not used for drinking purposes. There are two deep wells, both over 400 feet, yielding excellent water.
†Hendon ..	Colne Valley and Metro- politan Water Board	No. The mains are not laid in Jersey Road (from Lamp- ton to Wyke Green), to Hanwell boundary and Dockwell Lane from Bar- racks to cottages in Bath Road. Sparsely populated..	No. The largest number of any one group is 5. About 61 houses depend on wells. All are shallow wells.
†Heston and Isleworth	Metropolitan Water Board (Grand Junction), and South-West Suburban Water Co.	Yes	No.
Hornsey (<i>Borough</i>) ..	Metropolitan Water Board (New River)	Yes	No.
Kingsbury ..	Colne Valley Water Co. ..	Yes	No.

(563)

* Form not returned.

† See Supplemental Notes, page 148 *et seq.*

	Water Company or Companies supplying within district. Where more than one public supply, specifying parishes or parts supplied by each as far as possible. 1	Whether public water supply is available throughout whole area of district. Specifying parishes or parts in which not available. 2	Whether any considerable groups of houses dependent on supply from wells. If so, whether shallow or deep wells. 3
<i>Urban</i> —continued.			
†Ruislip-Northwood ..	Colne Valley Water Co. ..	No. Northolt Road from Eastcote	Some twenty cottages in Ruislip Village obtain water from pump. The well is of great depth.
†Southall-Norwood ..	South-West Suburban Water Co. and Metropolitan Water Board (Grand Junction District)	Yes	Probably about 30 houses. The group of houses in the “Top Lock District” has already been taken in hand with a view to providing a better supply of water. The houses are at present supplied from shallow wells. No. About 12 wells in district.
†Southgate ..	Metropolitan Water Board (New River District)	Yes, except Bourne Hill ..	No. Shallow wells.
†Staines ..	South-West Suburban Co...	No. Yeoveney and Penton Hook	About 30 cottages dependent upon wells. About 15 deep Abyssinian wells and the rest shallow.
†Sunbury ..	Metropolitan Water Board..	Yes, with the exception of the Hamlet of Charlton and a small part of Upper Halli- ford	No. Very few isolated houses have deep wells.
Teddington ..	Ditto ..	Yes	No.
Tottenham ..	Ditto ..	Yes	No.
†Twickenham ..	Ditto ..	Yes	No.

*Uxbridge	..	Colne Valley Water Co.	..	Yes	..	No.
Wealdstone	..		..	Yes	..	No.
Wembley	..	Ditto .. ..	..	Yes	..	No.
						isolated cottages have no supply from Colne Valley Water Co., but Medical Officer of Health does not know of any.
Willesden	..	Metropolitan Water Board (West Middlesex District)	..	Yes	..	No.
†Wood Green	..	Metropolitan Water Board (New River District)	..	Yes	..	No.
<i>Rural.</i>						
†Hendon	..	Colne Valley Water Co.	..	Yes	..	No.
*South Mimms	..					
†Staines	..	South-West Suburban Water Co. supply parts of Ashford, Bedford, Cranford, Stanwell; West Surrey Water Co. parts of Shepperton; Metropolitan Water Board, Hanworth; Rickmansworth and Uxbridge Valley Co. parts of Harmondsworth, including Sipson and Old Village (not Longford), Harlington		No.	Laleham, Littleton, Poyle, Longford, Harmondsworth, The Moor, Stanwell	Yes. Shallow and tube wells.
†Uxbridge	..	Uxbridge Valley and Rickmansworth Co.	..	No.	Northolt and parts of Ickenham	Yes. Some shallow and some deep.

* Form not returned.

† See Supplemental Notes, page 148 *et seq.*

Notes supplemental to the foregoing table.

Brentford.—In two instances well water is used instead of tap water for cleansing purposes.

Ealing.—The supply is a constant one, and the great majority of the dwellings draw the water off from the rising main.

Edmonton.—The houses deriving their water from wells are kept under observation, and samples occasionally taken. During the year one sample was condemned and the Water Board's supply laid on.

Enfield.—The Council use every endeavour to get the public supply of water extended as opportunity offers.

Feltham.—The extension to the places mentioned in column 2 would not mean more than about (roughly) $1\frac{1}{2}$ miles extra mains to complete the supply to the whole village.

Finchley.—46 per cent. of the houses in Finchley Urban District are now with constant supply. Other streets will be placed on a constant supply service as soon as the house fittings are in order.

Friern Barnet.—The whole of the district is now being supplied with a constant supply, with the exception of a small portion of the district which adjoins Finchley, where the water mains serve the two districts, and the water fittings have to be amended to comply with the regulations in Finchley.

Greenford.—By the Rickmansworth and Uxbridge Valley Water Company Act, 1900, this company was granted power to supply in the three parishes of Greenford, Perivale, and Twyford Abbey, which are comprised within the Urban District of Greenford. It would appear, however, that the Colne Valley Water Company supply in Perivale and also in Twyford Abbey, presumably by agreement with the former company.

Hampton.—Constant service. Good pressure.

Hendon (urban).—The water supply is constant all over district, and there are a large number of taps on the rising main for drinking purposes. There are also very few w.c.'s in district without a water supply. Colne Valley Water Company supplies Mill Hill, Burnt Oak (including Leatherville and West Hendon), which includes all houses west of Midland Railway.

Heston and Isleworth.—The service for Hounslow Heath and Heston District will be greatly improved when the Metropolitan Water Board lay their new 30-inch main from Hampton.

Ruislip-Northwood.—There are about 40 cottages in the district depending upon wells for supply. These wells are all shallow ones, and in cases in which the result of analysis of samples is bad and the water main is laid in the road, the medical officer recommends that house connections with the main should be made.

Southall-Norwood.—Two companies supply the district—(1) the South-West Suburban Water Company, which supplies all the district except (2) the area bounded by

the Western Road, thence to the boundary of Florence Road and across the northern end of Regina Road, Adelaide Road, and the southern end of Beverley Road, thence along the eastern boundary of the Council's "Adelaide" Destructor site, the southern boundary being the Grand Junction Canal, which is supplied by the Metropolitan Water Board (Grand Junction district).

Southgate.—The water supply generally is very satisfactory, except in one small area, where the pressure is occasionally insufficient. This defect is to be remedied by the Water Board.

Staines (urban).—Water Company supply about 90 per cent. of the houses.

Sunbury.—Dr. Byham states that the water supply throughout the Sunbury Urban District leaves practically nothing to be desired. Samples of the various well waters are taken from time to time and the analysis almost invariably is favourable to the suitability of the water for drinking purposes.

Twickenham.—The water of the few solitary houses supplied from shallow wells is often analysed.

Wood Green.—Wells all done away. Water now supplied on constant system throughout district.

Hendon (rural).—There may be some dozen or so houses which are not supplied by the Company.

Staines (rural).—The West Surrey Water Co. is gradually extending its mains through Shepperton to Littleton (new part—not Littleton Green). Many householders in Poyle borrow water from deep well (said to be artesian) at Flock Mills, Poyle. That part of Colnbrook on the east side of Bucks Bridge and in the parish of Stanwell, Middlesex, depends for its water on well supply.

Uxbridge (rural).—Having regard to the value of the property the cost would be too great to serve all with Company's water.

SEWERAGE AND SEWAGE DISPOSAL.

In all the districts, except the following, systems of main sewerage have been constructed, and particulars as to alterations, improvements and additions are brought up to date in the detailed account which follows:—

The districts without sewerage systems or sewage-disposal works are:—

Feltham,
Greenford,

amongst the urban districts, and

Staines,
amongst the rural districts.

In the case of Feltham, Dr. Manby, an Inspector of the Local Government Board, after investigating the sanitary circumstances of the districts in the Staines Union, in 1907, reported that the District Council “should press forward a suitable drainage scheme” without unnecessary delay.

This matter is now under the serious consideration of the authority, and there is little doubt that a satisfactory solution will shortly be found.

As regards Greenford, it appears from the report of the medical officer of health that the Local Government Board held an inquiry during the year as to an application to sanction a loan for the purchase of land for this and other purposes.

Finally, as regards Staines (rural), Dr. Manby, in the report referred to above, recommended that "the proper drainage of Sipson should be effected at the earliest possible moment, and the system of cesspool emptying and of refuse collection should be extended within the district."

Acton.—In last year's report, Dr. Thomas gave an account of the changes taking place in the sewerage, with a view to the discharge of the foul sewage of the district into the London system of sewers, power for doing which had been provided by a local Act passed in 1905. He now states that the work will be entirely completed by the end of the summer. The sanitary inspector reports that, in houses in two or three parts of the district, nuisance from escaping coal gas arose, although no gas was laid on. It was found that this was due to the leakage from a gas main into the sewer and thence through defective drains into the houses. The Gas Company immediately remedied the defect.

Brentford.—The sanitary inspector reports that in thirty-one premises the drainage system was entirely reconstructed, and that in several instances where the drain ran underneath the house, cast-iron pipes were used.

Ealing.—Satisfactory purification of the sewage by means of bacterial beds is reported. Samples of the effluent are periodically taken by the Thames Conservancy and the Middlesex County Council, which on analysis have been found to be satisfactory.

Enfield.—Dr. Ridge reports that a new filtering bed at the sewage works has been completed, and that all the four filters at the works are now in constant use and are working satisfactorily. New foul sewers or extensions of sewers, and new surface-water sewers have been laid in several parts of the district.

Feltham.—The question of providing a sewerage scheme and sewage-disposal works for this district is still engaging the attention of the District Council. During the year plans were submitted by the Liernur Syndicate, but the method to be adopted has not yet been decided on.

Finchley.—Dr. Taylor brings up to date the progress made in the extensions taking place at the sewage works in order to meet the increasing demands of the district. From his account in this year's report it appears that previous to 1885 a considerable portion of the sewage discharged directly into the local streams. About the end of 1885, two principal intercepting sewers, namely, in Mutton Brook Valley and Dollis Brook Valley, were nearly completed, as well as a part of a tunnel sewer taking the foul sewage of the west and south parts of Finchley. The scheme was finished in 1889. On reaching the works the sewage from the low-level sewer is pumped and mixed with that from the high level, and, after screening, is mixed with lime

and sulphate of iron and passed into precipitation tanks. The effluent from these is then treated in a double set of bacterial contact beds, "in each of which it remains standing for about five hours," and the effluent, after being passed over several acres of meadow land, discharges into the brook.

The total area of the farm is about 80 acres, belonging to the District Council, and 33 acres in addition are rented. About $5\frac{1}{2}$ acres are occupied by 16 filter beds, but several of the latter, it is stated, are not in their present condition capable of purifying the sewage, and as a result their effluent has to be treated by surface irrigation over a large area of land before being admitted to the brook.

In 1905, in order to meet the increasing demands of the district, the local authority determined to extend the low-level sewer, to construct storm-water filters, and, in order to relieve the old filters and to diminish the amount of daily pumping from the low level, to construct new works to deal with a portion of the low-level sewage. The new works consist of "a coarse screen, detritus and Dortmund sludge tanks in duplicate, an open septic tank, and two primary and secondary percolating filters." These works have been carried out under the supervision of Mr. C. J. Jenkin, Surveyor to the District Council, who is also preparing the necessary details for their extension with a view to dealing with the whole of the low-level sewage.

To deal with storm water, there are for the low level sewage four storm water beds, constructed of clinker and used as percolating filters, which will take from four to six times the dry weather flow. Storm water over this amount will be discharged direct to the brook.

In the older part of the works the sewage in wet weather is partly treated in the ordinary way and partly by broad irrigation.

The sludge in the old precipitation tanks is drawn off weekly and pumped on to land, where, after it has dried, it is ploughed in.

Friern Barnet.—The method of disposal at the works is apparently the same as described in the County report for 1904. It is stated in this year's report that endeavour is being made to drain the storm water from the old houses into the surface water sewers as opportunities occur, with a view to making the daily flow at the works as uniform as possible. Further, the sewage from the Avenue and Ely Place portion of the district has to be pumped to the works, and admission of rain water into the foul sewers greatly increases the cost of pumping.

Hampton.—Dr. Tyndale reports that nuisance owing to the discharge into the storm water sewers of waste chemical matters from a factory at Hampton Hill, has been effectually abated.

Hauwell.—Dr. Hope states “considerable improvements have been made at the sewage farm in connection with the land and treatment of sewage,” and that the works are in a satisfactory condition. Samples of effluent taken by the Middlesex County Council and the Thames Conservancy have, on analysis, it is stated, been found satisfactory.

Mr. Thomas, the Sanitary Inspector, states that in a large number of cases where drains pass under houses, iron pipes have been placed.

Hayes.—It is stated that most houses have now been connected to the new sewerage system, though there are a few premises in Hayes which need to be connected. Altogether, over 400 houses, etc., have been connected. No description is given of the outfall works.

Hendon (urban).—In the County report of 1904, a short account was given of the method of treatment at the sewage works, and at that date, Dr. Andrew reported as to the need for alteration to meet the increasing daily flow of sewage. He now states that “the reconstruction of the high level filters has been carried out, and has had much to do with the generally improved condition” of the works, and he adds that “an acre-and-a-half is now under reconstruction for filtering the effluent from bacteria beds.” A low level sewer scheme is under consideration.

Kingsbury.—The process adopted here is irrigation on land, which is 6 acres in area, and consists of clay and gravel which is underdrained. There is a storm water filter. It is stated that Stag Lane filter, which is inadequate to deal with the sewage of this part of the district, is to be improved, and that two acres of additional land have been obtained for the purpose.

Ruislip-Northwood.—During 1907, the District Council called in Mr. Howard Humphreys to report on the question of alterations and reconstruction required in connection with the sewage works. His proposals included the provision of new engines at the works, the provision of three circular filters with mechanical distributors, enlargement of the existing septic tanks, and the provision of new rising mains, at an estimated cost of £6,805.

Southall-Norwood.—A description of the method of sewage disposal has been given in previous reports, but it is reported “that the phenomenal growth of the district even now requires extension of works, and the Surveyor has the matter in hand.”

Southgate.—The sewage of this district is carried to the Edmonton sewage farm in accordance with an arrangement under the Edmonton Local Board Separation Act, 1881. It is stated that there are now very few cesspools in the district. The surface water is carried away by a separate system of sewers, and discharges into the nearest watercourses.

Staines (urban).—The sewage works are situated at West Bedfont, in the rural district of Staines. The sewage, after treatment with aluminoferric, is dealt with on gravel filter beds, and a good effluent is obtained. Extension of the filter beds is being carried out.

Teddington.—Dr. Günther reports that four cesspools have been done away with, and that new foul and surface water sewers have been laid in Bushey Park Gardens and in Winchenden Road.

Tottenham.—Dr. Butler Hogan specially refers to extensions in the sewerage system which were opened in 1905. As these have been referred to in a previous report they need not be further mentioned.

Twickenham.—To meet the demands due to the growth of the district, extensive alterations and additions have been made in the sewage disposal works. These include

new pumping plant, the steam for working which is obtained from furnaces used for the destruction of house refuse. The new sewage works comprise: Two detritus tanks, of a total capacity of 99,000 gallons; six open sedimentation tanks, capacity 945,000 gallons; and twelve contact filter beds, equal to 2,138,900 gallons capacity, calculated on a depth of 4 ft. 6 in., three fillings in 24 hours, and a water capacity of one-third of the gross capacity. The sludge from the detritus and sedimentation tanks is drawn off into an underground sludge well, from which it is lifted by ejectors and disposed of upon the adjoining land.

Wealdstone.—It is reported that the district council are considering an extension of the disposal works, and are applying for sanction to a loan to purchase additional land, upon which new filters and tanks will be constructed.

Willesden.—A large portion of the sewage discharges into the Metropolitan sewage system, and that from what is known as the "Brent" area is dealt with at sewage works in the district. As regards this, Dr. Butler writes: "Negotiations with the London County Council have for some time been proceeding, with a view to the Brent sewage being received into the County Council sewers. In July of 1907 the Clerk of the London County Council wrote that the County Council had decided to seek authority in the Session of Parliament, 1908, to enable them to receive into the Metropolitan drainage system the sewage and drainage from the Brent area of Willesden. In this decision there will without question be found a final settlement of one of the most difficult sanitary problems of the district."

Staines (rural).—It does not appear that there are yet any main drainage works in any part of this district. Dr. Morris, the medical officer of health, in his report for 1905, referred to the fact that some drainage works had been carried out for the village of Sipson, but stated that they were not effective. At the end of 1906 attention was specially drawn to the means of sewerage which existed for this district, in connection with a case of alleged nuisance from pig-keeping, and the condition of the sewers as well as of the outfall ditch were shown to be very unsatisfactory. In his report for 1906, Dr. Morris referred to the subject of the drainage of Sipson and Harmondsworth, and from his remarks it appeared that houses had been connected to storm water drains, that this had given rise to difficulties, and that as result the local authority had sought the advice of an engineer on the matter. In this year's report, however, Dr. Morris makes no reference whatever to the matter, and it is not possible to state what action, if any, has been taken.

DAIRIES, COWSHEDS AND MILKSHOPS.

In January, 1907, the second report on the subject of tuberculosis was issued by the Royal Commission which was appointed and has for some years past been inquiring into the relations of human and animal tuberculosis. In their conclusions the Commissioners state that the facts indicate "that a very large proportion of tuberculosis contracted by ingestion is due to tubercle bacilli of bovine source," and they add:—

"A very considerable amount of disease and loss of life, especially among the young, must be attributed to the consumption of cows' milk containing tubercle bacilli..

The presence of tubercle bacilli in cows' milk can be detected, though with some difficulty, if the proper means be adopted, and such milk ought never to be used as food. There is far less difficulty in recognising clinically that a cow is distinctly suffering from tuberculosis, in which case she may be yielding tuberculous milk. The milk coming from such a cow ought not to form part of human food, and indeed ought not to be used as food at all.

“Our results clearly point to the necessity of measures more stringent than those at present enforced being taken to prevent the sale or the consumption of such milk.”

In previous County reports the powers which district councils possess as to veterinary examination of cows for the purpose of detecting tuberculous disease of the udder of cows have been set out. In only a few districts does it appear that systematic veterinary inspection is in force. In this connection, however, it is necessary to point out that a large proportion of the milk supply of the County comes from farms situated outside, some coming from considerable distances, and that unless veterinary inspection of milch cows is generally carried out throughout the country the advantage of such inspection within the County would be considerably minimized.

In the latter part of the year the County Council received a letter from the Middlesex District Councils' Association in which the attention of the Council was drawn to the fact that a considerable part of the milk consumed in the County was obtained from outside districts, and that as the result of inquiries which had been made, it was found that the conditions prevailing at the source of production, fell far short of being satisfactory.

The Association resolved to call the attention of the President of the Local Government Board to the matter and to ask him to introduce a Bill into Parliament dealing with the question of milk supply as a national one, and asked the County Council for their support in the matter.

In reporting to the Committee on this letter I wrote to the following effect:—"There is no information in the possession of the Council as to the conditions which exist at farms outside the County upon which the Committee could take action. To obtain such knowledge it would be necessary to ascertain the sources of supply for the County and to visit the various farms.

"There are, however, certain facts in relation to the subject of milk supply generally to which attention may be directed and upon which—apart from what is set out in this letter of the Middlesex District Councils' Association—the Committee may feel that they can usefully support the action of the Association. These are as follows: As the result of inspections which are made in various parts of the country by the medical inspectors of the Local Government Board, they frequently have occasion to report either that regulations under the Dairies, Cowsheds and Milkshop Orders have not been adopted, or that even if adopted they have not been enforced by the local authorities, and that in many districts the Orders are a dead letter; that cowsheds have not been registered; and that the conditions found at these premises are often very unsatisfactory. In other words, the conditions are probably similar in character to those set out in the letter from the Middlesex District Councils' Association as having been found upon inquiry to exist on farms supplying parts of the County.

“Secondly, it is noteworthy that many towns and districts in the country, including a few of the bigger districts in Middlesex, have considered it necessary to apply to Parliament and have obtained powers to inspect (under certain conditions) farms outside their own districts whence milk is supplied to the residents in their own area with a view to prohibiting the supply if justified in so doing.

“In the case of the districts in Middlesex referred to, the powers relate to tuberculous milk. As regards districts in the County, it is not possible to say that the conditions found at dairy farms are always satisfactory, and I may refer to the fact that within the last fortnight I have been consulted by two medical officers of health, in the one case owing to the fact that on the occurrence of a case of scarlet fever at certain farm premises it was found that although they were used for selling milk, yet they have not been registered; in the other, owing to a similar reason, a farm was visited and the conditions as to cleanliness were found to be very unsatisfactory. In the latter district I am informed that cowsheds are only visited twice a year. Reference to the County Report for 1906 will also show that in other districts there is room for improvement as to the supervision exercised and other matters. At the time when I was appointed there were still some districts in the County which had not adopted any regulations, but I am glad to report that this has now been rectified, although some of them are probably not based on the last model regulations of the Local Government Board.

“In addition to the local legislation referred to above, the circumstances of London may be specially mentioned, inasmuch as parts of Middlesex are contiguous to the

Metropolis and supplied with milk in a similar manner. During the last Session of Parliament the London County Council sought for and obtained powers in connection with tuberculous milk.

“Partial legislation of this kind is no doubt useful, not only to the district immediately concerned, but indirectly also to other districts, in that it improves the conditions on premises whence milk is supplied to more than one area, but obviously it is inadequate for dealing with the milk supply as a whole. For this purpose it would be distinctly of advantage if the question were dealt with by means of a general Act applicable to the country as a whole, as suggested in the letter from the District Councils' Association.”

The County Council resolved at their meeting in December that the subject was one for general legislation, and a communication was addressed to this effect to the Local Government Board.

The more important references in the reports are the following :—

Acton.—The sanitary inspector states that no veterinary examination of milch cows is made.

Brentford.—Two cowsheds were found overcrowded and the cows in a very dirty condition. Improvement has been effected.

Friern Barnet.—Cowkeepers are urged to provide washing accommodation and overalls for the milkers.

Hampton Wick.—There is one cowkeeper in the district. The cows were examined by a veterinary surgeon and found healthy.

Hendon (urban).—New regulations have been framed. The use of one most unsuitable cowshed has been discontinued and two new sheds erected.

Southall-Norwood.—Dr. Windle states that there are seven cowsheds on the register and about 317 milch cows in the district, and adds, “on my visits to the cowsheds I have not found the premises so clean as they ought to be,” and that the cattle are not efficiently groomed.

Southgate.—In this district two cowsheds have been redrained and one closed as unsuitable.

Staines (urban).—It is stated “one cowshed has been struck off the register, as the cows were kept in a dirty condition, and insufficient air space was provided for the cattle in the sheds.”

Sunbury.—Regulations have been adopted. It is stated that no veterinary inspection has yet been carried out on behalf of the authority.

Teddington.—There are forty milch cows in this district, and they were examined quarterly by a veterinary surgeon, who found them in satisfactory condition.

Tottenham.—It is reported that 3 of the 19 cowkeepers are “a source of continual trouble,” and Dr. Butler Hogan hopes that it may be possible under new legislation to prohibit them from being registered.

Uxbridge (urban).—Appended to this report is one by the veterinary surgeon appointed to inspect cows and cowsheds. He states that “the cows have been found in a very healthy condition, and no case of udder tubercle has been detected.”

South Mimms.—Dr. Gruggen again repeats his advice as to employing a veterinary surgeon as occasion may arise.

Staines (rural).—New regulations appear to have been adopted.

The following table gives particulars as to number of cowsheds, cows, dairies and milkshops, and, so far as possible, the date of the regulations in force in each district:—

Dairies, Cowsheds, and Milkshops.

District.	No of Cowsheds registered.	No. of Cows.	No. of Dairies and Milkshops registered.	If Regulations adopted and date.	Contraventions of Regulations.	
					Cowsheds.	Dairies and Milkshops.
Urban.						
Acton ..	3	100	69	yes 1890	—	—
Brentford ..	3	24	58	yes 1907	5	17
Chiswick ..	2	8	33	yes 1900	—	—
Ealing (<i>Borough</i>) ..	8	120	43	yes 1903	—	—
Edmonton ..	4	28	53	yes 1899	1	1
Enfield ..	33	386	81	yes 1900	18	13
Feltham ..	none	none	2	yes —	—	—
Finchley ..	9	168	33	yes 1900	2	4
Friern Barnet ..	5	60	13	yes 1890	3	—
Greenford ..	7	—	7	yes —	1	1
Hampton ..	10	130	5	yes 1905	—	—
Hampton Wick ..	1	12	2	yes 1896	—	—
Hanwell ..	3	50	15	yes 1905	—	—
Harrow ..	10	117	7	yes 1899	12	—
Hayes ..	3	300	3	yes 1904	—	—

Hendon	..	..	26	500	26	yes	1907	34	5
Heston and Isleworth	..	..	16	213	61	yes	1900	71	110
Hornsey (<i>Borough</i>)	..	..	3	45	68	yes	1899	2	20
Kingsbury	..	..	2	30	1	yes	1901	—	—
Ruislip-Norwood	..	..	19	186	8	yes	1905	56	6
Southall-Norwood	..	..	7	317	20	yes	1899	—	—
Southgate	..	..	12	150	23	yes	1889	2	1
Staines	..	..	13	80	15	yes	1899	4	—
Sunbury	..	..	6	95	6	yes	1907	—	—
Teddington	..	..	9	48	20	yes	1888	5	2
Tottenham	..	..	19	121	202	yes	1900	3	6
Twickenham	..	..	9	109	23	yes	1898	—	—
Uxbridge	..	..	7	—	10	yes	—	—	—
Wealdstone	..	..	3	—	7	yes	1897	1	—
Wembley	..	..	11	250	13	yes	1905	—	2
Willesden	..	..	5	115	132	yes	—	3	19
Wood Green	..	..	5	9	38	yes	1891	—	—
<i>Rural.</i>									
Hendon	..	..	28	—	20	yes	—	8	8
South Mimms	..	..	5	—	—	yes	—	—	—
Staines	..	..	33	536	13	yes	1908	—	—
Uxbridge	..	..	28	419	24	yes	—	—	—
TOTAL	..	..	367	4,716	854			231	215

SLAUGHTER-HOUSES.

The total number of premises of this class registered in the County is set out in Table III at end of this report, together with the contraventions of the by-laws which occurred during the year.

In his report on the district of Edmonton the medical officer of health writes as to this class of premises:—
“There are six on the register, two of old registration and four with licences renewed annually. The annual licences expire at the beginning of March. Twice during 1907 one of the butchers, who has an annual licence, sent in an application in an irregular way to the Sanitary Committee asking for a licence for 7, 14, or 21 years. The first time his unusual application was rejected by an unanimous vote of the Council on February 12th, but in December the Council, by a majority, decided to grant him a licence for seven years subject to his filling up the prescribed form, and to the slaughter-house being approved by the medical officer of health.”

The medical officer of health of Sunbury reports that of the two registered premises in the district one was unsuitable and was condemned, and as result its use for slaughtering has been discontinued.

Dr. Günther writes that in Teddington there are six slaughter-houses and that two new licences were granted in December by the local authority against his advice.

In the case of Uxbridge (urban) Dr. Lock writes, all the slaughter-houses except one “are wooden sheds and quite unsuitable for the purpose for which they are used. It is practically impossible to keep them satisfactorily clean.”

In the majority of cases in the County it would appear that slaughter-houses are subject to annual or periodical registration.

OFFENSIVE TRADES.

Particulars as to this class of premises are set out in the table relating to sanitary work at the end of the report.

The number of premises in which any of the offensive trades set out in Section 112 of the Public Health Act, 1875, are carried on is as follows:—

Acton 2, Chiswick 1, Greenford 1, Hampton 1, Staines (urban) 1, Uxbridge (urban) 1, Wembley 1, Willesden 1, and Staines (rural) 5. Total in the County 14.

There are no by-laws as to offensive trades in force in Wembley, although there are premises where a trade of this kind is carried on.

In Acton there are two offensive trades registered in the district, one for fat extraction and the other for the manufacture of a chemical fertilizer. The occupiers of premises formerly used for fat extraction have discontinued this trade owing to the building being unsuitable for the purpose.

Dr. Hope, in his report relating to Greenford, states that there is a bone-boiling factory in the district, which was the cause of much trouble and of legal proceedings in 1905 and 1906. By-laws have now been adopted by the Council and no complaints have recently been received. It is also stated that the district council refused an application from the same firm to establish a similar business in another part of the district.

Dr. Butler (Willesden) reports that when inspecting a large piggery at Neasden it was found that fat boiling was carried on there, and, after certain requirements had been carried out, the carrying on of the business was sanctioned.

In regard to Staines rural district, Dr. Morris states that on his advice the district council applied to be invested with powers, under sections 112 to 115 of the Public Health Act, 1875, and the latter part of section 44 of the same Act. This application was granted, and soon afterwards by-laws as to offensive trades and the keeping of animals were drawn up.

In Edmonton, Southall-Norwood, Hendon (rural), and Uxbridge (rural), no offensive trade is carried on.

There is a candle factory in Staines (urban), and the medical officer of health reports that precautions are taken to minimise the nuisance caused by fat boiling, but that it cannot be entirely prevented.

COLLECTION AND DISPOSAL OF HOUSE REFUSE.

The subject of the method of dealing with house refuse needs to be considered under two headings, namely, its *disposal* when collected and the *frequency of its collection* from houses.

The question of house refuse *disposal* is one which, in the case of Middlesex, is yearly becoming more difficult owing to the rapid building and expansion taking place in the County. In previous years, when there were in most districts considerable areas of open country, there was little difficulty in obtaining land far removed from houses where such refuse could be "tipped," and under these circumstances the process of decomposition in the refuse heap could go on without giving rise to nuisance until all the organic matter had been destroyed. This method of disposal has been largely resorted to in the past, and is still made use of in some districts. Another method resorted to is to utilize the refuse for filling in excavations and pits, from which gravel has been removed, but this is more objectionable than the former, as the process of decomposition is in all probability much slower, owing to the fact that lying beneath the surface of the ground the aeration of the mass is more difficult.

Now that the ground in each district is gradually being built over, greater difficulty is being felt in obtaining sites at distances sufficiently removed from houses to avoid complaints of nuisance owing to effluvium from the deposited refuse.

This especially applies to deposits on the surface of the ground, which are readily observable, and to which the nuisance can be readily traced. In the case of deposit into excavations which are afterwards covered up, obvious nuisance may not so readily occur, but this fact does not render the proceeding, if the excavation is at all near houses, any the less undesirable. Although covered up and removed from sight the decomposing mass is still there polluting the ground air, which, with the rising of the subsoil water, where the soil is porous, may be forced out and may find its way into the interior of houses. I understand that in dry weather the layer of soil with which the refuse has been covered over, even though it be many inches thick, is apt to crack, and under such circumstances it can hardly be maintained that this method of disposal is free from danger unless a considerable period has elapsed since the excavation was filled in, in view of the fact that such made-up ground often afterwards forms the gardens of private houses.

During the time that I have been in Middlesex on more than one occasion I have had to investigate complaints of nuisance arising from house refuse deposits, and in several of the annual reports of the local medical officers of health attention has been drawn to this method of disposal as being insanitary and objectionable, and as giving rise to a plague of flies in their vicinity.

It behoves the sanitary authorities of the various districts, therefore, seriously to consider alternative methods of disposal. These comprise removal by water carriage, or rail, and burning in a properly constructed refuse destructor. I believe also a system has, within a

fairly recent period, been tried for converting the refuse into a manurial commodity, but I have no experience of this.

A few years ago I had occasion to report on a number of destructors erected for the purpose of dealing with house refuse, with a view to seeing whether nuisance arose from their working. Some complaints were made of nuisance from dust and smoke, and in one crowded neighbourhood, of nuisance from offensive material brought to the destructors. It appeared to me, however, as result of my inspections of these destructors that the nuisances complained of were not due to the system, but to improper or careless working, or were due to some cause capable of being remedied by slight alteration in the building or the destructor.

Owing to the fact that house refuse contains a varying and at times a considerable proportion of animal and vegetable matter, liable to decompose and become very offensive, and that at times it may contain matter infected with disease germs, there appears to me little doubt that disposal by fire best complies with the requirements of hygiene, and in the case of districts in Middlesex the desirability of adopting this method is a matter worthy of serious consideration by sanitary authorities in view of the rapid extension of houses.

Already a number of districts have provided or decided to erect destructors, viz. :—

Acton.	Southall-Norwood(site purchased).
Brentford.	Southgate (about to provide).
Chiswick.	Tottenham.
Heston & Isleworth.	Twickenham.
Hornsey.	Wood Green.

As regards the *collection*, it is important that this should be at such intervals that the refuse has not been left at houses sufficiently long to allow too much decomposition to take place.

The details as to disposal and collection in each district are fully set out in Table III at the end of this report.

MORTUARY ACCOMMODATION.

In last year's report, account was fully given as to the accommodation provided.

The following additional information is given in this year's reports :—

Feltham.—A small mortuary has been erected at the Council's Dépôt at Fern Grove.

Hendon (urban).—The accommodation here is somewhat limited. It is an iron building.

Staines (rural).—Dr. Morris states that he understands a mortuary is to be provided for the parish of Ashford at the new cemetery. Harlington, Harmondsworth, and Cranford are still without accommodation.

FACTORY AND WORKSHOP ACT, 1901.

Section 132 of the Factory and Workshop Act, 1901, requires the medical officer of health of each district specifically to report on the administration of this Act in

workshops and workplaces, and a copy of his annual report, in so far as it relates to such premises, must be forwarded to the Home Secretary.

For the purpose of these reports a tabular form is furnished to each medical officer of health by the Secretary of State. These statistics, given for each district, have been analysed and collated into the following table for the County of Middlesex as a whole :—

TABLE SHOWING PROCEEDINGS OF SANITARY AUTHORITIES

	Acton.	Brentford.	Chiswick.	Ealing (Borough).	Edmonton.	Enfield.
1. <i>Inspections.</i>						
Factories (including Factory Laundries)	15	12	43	21	83	64
Workshops (including Workshop Laundries)	198	83	165	361	232	821
Workplaces (other than Outworkers' premises, included in Part 3)	6	..	39	..	..	..
Total Inspections ..	219	95	247	382	315	885
(a) Total Prosecutions ..	..	..	..	..	..	..
2. <i>Defects Found.</i>						
Nuisances under Public Health Acts	59	11	15	35	83	39
Offences under Factory and Workshop Act .. .. .	..	..	..	..	..	12
Total defects found ..	59	11	15	35	83	51
3. <i>Home Work.</i>						
(a) Number of names of Outworkers received from employers twice in the year	352	} 2	{ 23	20	..	..
(b) Ditto once in the year ..	55			5	..	1
(c) Number of addresses of Outworkers received from other Councils	54	6	33	16	48	24
(d) Number of addresses of Outworkers forwarded to other Councils	21	..	16	8	4	6
(e) Number of inspections of Outworkers' premises ..	193	8	33	23	247	40
Outwork in unwholesome premises (Section 108)—Instances .. .. .	..	..	..	..	..	..
Outwork in infected premises (Sections 109 and 110)—Instances	5	..	..	..	3	..
4. Registered Workshops—						
Total	372	95	178	259	179	174
5. Underground Bakehouses in use at the end of the year ..	8	2	4	7	1	1

UNDER THE FACTORY AND WORKSHOP ACT.

Feltham.	Finchley.	Friern Barnet.	Greenford.	Hampton.	Hampton Wick.	Hanwell.	Harrow.	Hayes.	Hendon (urban).	Heston and Isleworth.	Hornsey (Borough).
12	13	22	..	4	4	..	8	14	..	38	34
4	} 252	{ 96	..	..	20	91	128	3	..	238	467
..			..	110	24	3	52	..	..	58	100
16	265	149	..	114	48	94	188	17	..	334	601
..
..	31	6	..	21	..	10	26	..	19	43	78
..	6	..	..	6	..	..	..	..	..	19	18
..	37	6	..	27	..	10	26	..	19	62	96
..	..	..	..	..	2	..	10	..	} 7	{ ..	109
..	9	..	..	2	..	..	2	..			52
..	6	2	..	..	2	11	4	..	..	..	107
..	2	..	..	1	1	..	2	..	..	..	93
..	14	2	..	1	4	22	12	..	7	52	150
..
..
..	173	34	..	37	10	49	62	1	135	233	332
..	3	1	..	..	..	4	2	..	2	1	5

TABLE SHOWING PROCEEDINGS OF SANITARY AUTHORITIES

	Kingsbury.	Ruislip-Northwood.	Southall-Norwood.	Southgate.	Staines (urban).	Sunbury.
1. <i>Inspection.</i>						
Factories (including Factory Laundries)	16	11	11	14	..
Workshops (including Workshop Laundries)	33	52	109	20	8
Workplaces (other than Outworkers' premises, included in Part 3)	10	16	..	..
Total Inspections	49	73	136	34	8
(a) Total Prosecutions
2. <i>Defects Found.</i>						
Nuisances under Public Health Acts	1	4	20	4	2
Offences under Factory and Workshop Act	5	..	7	..
Total defects found	1	9	20	11	2
3. <i>Home Work.</i>						
(a) Number of names of Outworkers received from employers twice in the year	} 1	{ 22	..	..
(b) Ditto once in the year
(c) Number of addresses of Outworkers received from other Councils	1	23	..	1
(d) Number of addresses of Outworkers forwarded to other Councils	22	..	..
(e) Number of Inspections of Outworkers' premises	2	46	..	..
Outwork in unwholesome premises (Section 108)—Instances
Outwork in infected premises (Sections 109 and 110)—Instances
4. Registered Workshops—Total	14	40	89	59	{ No Register kept
5. Underground Bakehouses in use at the end of the year	1	1	..	..

UNDER THE FACTORY AND WORKSHOP ACT—*continued.*

Teddington.	Tottenham.	Twickenham.	Uxbridge (urban).	Wealdstone.	Wembley.	Willesden.	Wood Green.	Hendon (rural).	South Mimms (rural).	Staines (rural).	Uxbridge (rural).
34	182	14	..	9	6	79	..	13	..	6	11
} 70	885	74	..	84	32	676	117	27	..	58	46
		14	80	..	..	..	19	..	..	..	..
104	1,067	102	80	93	38	755	136	40	..	64	57
..	..	..	..	..	..	1	..	..	..	..	..
3	74	7	9	7	3	318	8	1	..	..	7
..	6	..	..	..	..	2	..	3	..	..	..
3	80	7	9	7	3	320	8	4	..	..	7
..	133	8	..	..	..	30	6	..	} 1	{ ..	..
..	20	6	..	12	..	22	..	..	
4	709	15	..	..	4	112	54	..	..	..	..
1	76	3	..	..	..	33	21	..	..	..	..
5	483	12	12	4	4	146	121	..	1	..	..
..	..	1	..	..	..	9	..	..	..	..	..
..	..	..	..	..	..	6	..	..	..	..	..
} 44	275	124	54	41	27	455	136	23	..	31	52
1	7	3	1	..	2	67	1	..	..	..	1

UNSOUND FOOD.

In Table III at the end of this report is shown the action taken by the sanitary authorities in regard to unsound food, and the summary for the County is as follows:—

Animals seized	3
Articles or parcels seized ..	440
Ditto surrendered ..	607

In addition to the above, 80 lbs. of small fish were surrendered in Friern Barnet.

ICE CREAM.

In the Middlesex General Powers Act, 1906, powers were obtained for the control and supervision by local authorities of the manufacture and sale of this commodity.

The following references in the reports show that these powers are being made use of.

Chiswick.—Mr. Clarke, the Chief Sanitary Inspector, reports that the premises where it is prepared or sold have been visited, and that itinerant vendors have been kept under observation.

Edmonton.—Mr. Butland, the Chief Sanitary Inspector, states that there were 30 persons on the register during the year. In 28 cases the premises are shops and in 2 private houses occupied by Italians who sell the ice cream from barrows. Several defects were noticed and remedied.

Finchley.—Mr. Franklin, the Sanitary Inspector, states that 32 premises have been registered. In one case, owing to the unsatisfactory condition of the premises, the business

was discontinued. In another an itinerant vendor was required to exhibit the name and address of the manufacturer on his barrow.

Hampton Wick.—Frequent visits were made to premises where ice cream is manufactured or sold.

Heston and Isleworth.—Notices setting out the provisions of the Act were served, and some were translated into Italian for serving on persons of this nationality.

Tottenham.—There are 66 places where ice cream is made, mostly small sweet shops. Frequent inspection was made.

Willesden.—Dr. Butler reports that a copy of the provisions of the Willesden Urban District Council Act, 1903, relating to ice cream manufacture and sale was served on all vendors, printed both in English and Italian.

Wood Green.—Mr Adams, the sanitary inspector, reports that there are 53 premises where ice cream is made or stored, and a circular letter was left with each occupier as to the requirements of the Wood Green District Council Act, 1903. In four instances conditions requiring remedy were found.

SANITARY STAFF.

Special information has been given by the local medical officers as to the staff appointed by the various district councils for the purpose of carrying out the duties arising out of the various Public Health Acts.

The particulars given are summarized in the following account:—

Acton.—Three inspectors, two health visitors (one of whom is paid by the Education Committee), one clerk and one disinfecter.

Brentford.—One inspector, one clerk.

Chiswick.—Three inspectors, one clerk.

Ealing.—Two inspectors, one clerk.

Edmonton.—Three inspectors, one woman inspector, two clerks, one disinfecter, and six men employed in various duties in the Public Health Department.

Enfield.—Three inspectors, one clerk, one outdoor assistant and two disinfectors.

Feltham.—One inspector, who is also the surveyor, one sanitary foreman and two men for cesspool cleansing.

Finchley.—Two inspectors, one clerk and one disinfecter.

Friern Barnet.—One inspector. A labourer from the Surveyor's Department occasionally helps in testing drains.

Greenford.—One sanitary inspector, who is also the surveyor and rate collector.

Hampton.—One inspector.

Hampton Wick.—One inspector, who is also the surveyor.

Hanwell.—One inspector.

Harrow.—One inspector.

Hayes.—One inspector, who is also the surveyor.

Hendon (urban).—One inspector.

Heston and Isleworth.—Three inspectors, one clerk, one boy, one labourer (disinfector, etc.).

Hornsey.—Three inspectors, one clerk, three disinfectors and drain testers.

Kingsbury.—One inspector.

Ruislip-Northwood.—One inspector, who is also the surveyor.

Southall-Norwood.—One inspector, two disinfectors.

Southgate.—Two inspectors and one disinfector.

Staines (urban).—One inspector, who is also the surveyor, and “two assistants acting in general capacities.”

Sunbury.—One inspector, who is also the surveyor, and one clerk.

Teddington.—One inspector, who has assistance when required for disinfecting.

Tottenham.—Six inspectors, one female health visitor, one female sanitary inspector, four clerks, one mortuary attendant and three disinfectors.

Twickenham.—Two inspectors.

Uxbridge (urban).—One inspector, who is also water inspector. For disinfecting and drain testing the inspector is assisted by labourers when required. A veterinary inspector is employed in connection with the Dairies, Cowsheds and Milkshops Regulations.

Wealdstone.—One inspector, who is also the surveyor, and one assistant to surveyor, who also assists inspector of nuisances in his duties.

Wembley.—One inspector, and a labourer when required.

Willesden.—Six inspectors, three female health visitors and three clerks.

Wood Green.—Three inspectors, one female health visitor (temporary) and one clerk.

Hendon (rural).—One inspector.

South Mimms (rural).—One inspector, who is also the surveyor.

Staines (rural).—Two inspectors (appointed March, 1908.)

Uxbridge (rural).—One inspector.

ADOPTIVE ACTS AND BY-LAWS.

In the following tables information which was given in the report for 1906 has been amended in order to bring the facts up to date. The corrections necessary, owing to adoption by local authorities of any act or any by-law during 1907, have been made by the medical officers of health of each district at my request.

In regard to Adoptive Acts, two new Acts were passed during 1907, and it is necessary to refer to these in so far as action has yet been taken by the different authorities. The information is as follows :—

Public Health Acts Amendment Act, 1907.—The following districts have made application to the Local Government Board to adopt this Act :—

Acton, Friern Barnet, Hornsey and Teddington.

Notification of Births Act, 1907.—This Act is in force in Acton, Chiswick, Edmonton, Finchley, Tottenham and Willesden.

The details as to the other Adoptive Acts is given in the following table :—

Adoptive Acts in force.

	Infectious Diseases (Prevention) Act, 1890.	Public Health Act, Amendment Act, 1890, Part iii.	Housing of the Working Classes Act, 1890, Part iii.	Remarks.
<i>Urban.</i>	1	2	3	
Acton	Yes	Yes	Yes	
Brentford	Yes	Yes	Yes	
Chiswick	Yes	Yes	Yes	
Ealing (<i>Borough</i>) ..	Yes	Yes	Yes	
Edmonton	Yes	Yes	Yes	
Enfield	Yes	Yes	No	
Feltham	Yes	No	No	
Finchley	Yes	Yes*	Yes	*(2) Also Parts ii. and v.
Friern Barnet	Yes	Yes	No	
Greenford	Yes	Yes	Yes	
Hampton	Yes	Yes	Yes	
Hampton Wick	Yes	Yes	Yes	
Hanwell	Yes	Yes	Yes	
Harrow	Yes	Yes	Yes	
Hayes	Yes	Yes	No	
Hendon	Yes	Yes	Yes	
Heston & Isleworth ..	Yes	Yes	Yes	
Hornsey (<i>Borough</i>) ..	Yes	Yes	Yes	
Kingsbury	Yes	Yes	No	
Ruislip-Northwood ..	Yes	Yes	No	
Southall-Norwood ..	Yes	Yes	No	
Southgate	Yes	Yes	Yes	
Staines	Yes	Yes	No	
Sunbury	No	Yes	No	
Teddington	Yes	Yes	Yes	
Tottenham	Yes*	Yes	Yes	*(1) Sect. 4, 5, 6, 8, 10, 12, 15, 16, 17, 18, 20.
Twickenham	Yes	Yes	Yes	
Uxbridge	Yes	Yes	No	
Wealdstone	Yes	Yes	No	
Wembley	No	Yes	No	
Willesden	No*	Yes	No	*(1) Chief Pro- visions em- bodied in Wil- lesden Local Act, 1887.
Wood Green	Yes	Yes	Yes	
<i>Rural.</i>				
Hendon	Yes	Yes	—	
South Mimms	—	—	—	
Staines	Yes	Yes	No	
Uxbridge	Yes	Yes	—	

Hampton Wick	..	Yes	No	Yes	No	No	Yes	No	No	—
Hanwell ..	..	Yes	Yes	Yes	Yes	Yes	Yes	—	No	—
Harrow ..	..	Yes	Yes	Yes	Yes	No	No	No	No	—
Hayes ..	..	Yes	No	Yes	No	No	No	No	No	—
Hendon ..	..	Yes	Yes	Yes	No	No	Yes	No	No	—
Heston & Isleworth	..	Yes	Yes	Yes	Yes	No	Yes	No	No	—
Hornsey (<i>Borough</i>)	..	Yes	Yes	Yes	Yes	No	No	No	No	—
Kingsbury ..	..	No	No	No	No	No	No	No	No	—
Ruislip-Northwood	..	No	No	Yes	Yes	Yes	Yes	Yes	Yes	—
Southall-Norwood	..	Yes	Yes	Yes	Yes	No	No	No	No	—
Southgate ..	..	Yes	Yes	Yes	Yes	No	No	No	No	—
Staines ..	..	Yes	No	No	No	No	No	No	No	—
Sunbury ..	..	No	No	No	Yes	No	No	No	No	—
Teddington	..	No	No	No	No	No	Yes	No	No	—
Tottenham ..	..	Yes	Yes	Yes	No	No	Yes	No	No	—
Twickenham	..	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	—
Uxbridge ..	..	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	—
Wealdstone	..	Yes	Yes	—	—	—	—	—	No	—
Wembley ..	..	Yes	No	No	No	Yes	Yes	No	No	—
Willesden ..	..	Yes	No	Yes	Yes	No	Yes	No	No	—
Wood Green	..	No	Yes	Yes	Yes	Yes	Yes	No	Yes	—
<i>Rural.</i>										
Hendon ..	..	Yes	Yes	Yes	No	No	No	Yes	—	—
South Mimms	..	—	—	—	—	—	—	—	—	—
Staines ..	..	No	No	No	Yes	Yes	Yes	—	—	No
Uxbridge ..	..	No	No	Yes	No	Yes	—	—	—	No

MEDICAL INSPECTION OF SCHOOL CHILDREN.

An important enactment, and one which is likely to have far-reaching effects, passed during the Parliamentary Session of 1907 is contained in Section 13 of the Education (Administrative Provisions) Act. This makes it obligatory on local education authorities to provide for the medical inspection of children attending public elementary schools. The objects of this Act are fully dealt with in a memorandum issued by the Board of Education, and a copy has been sent to all medical officers of health by the Local Government Board. It is not necessary in this report to enter into any detail explanatory of the intention of this medical inspection. I propose only to state briefly the steps taken by the County Council of Middlesex as one of the local education authorities for Part III of the Education Act, 1902, in the administrative County, to carry out the statutory duty placed upon them by the new Act.

In the first place it will be well to set out the area which is under the jurisdiction of the County Council, and the remaining districts in which elementary education is under the respective Borough or Urban District Councils.

The area under the County Council comprises 23 separate sanitary districts, viz.:—

Urban---

Brentford.	Ruislip-Northwood.
Feltham.	Southall-Norwood.
Friern Barnet.	Southgate.
Greenford.	Staines.
Hampton.	Sunbury.
Hampton Wick.	Teddington.
Hanwell.	Uxbridge.
Harrow.	Wealdstone.
Hayes.	Wembley.
Kingsbury.	

Rural—

Hendon.

Staines.

South Mimms.

Uxbridge.

Whilst in the remaining 13 districts elementary education is under the control of the District Councils. These are:—

Acton.

Heston and Isleworth.

Chiswick.

Hornsey.

Ealing.

Tottenham.

Edmonton.

Twickenham.

Enfield.

Willesden.

Finchley.

Wood Green.

Hendon (urban).

As regards the area under the County Council, on the 30th June, 1907, there were 110 schools (43 Council and 67 Non-Provided Schools), comprising 185 departments, and with accommodation for 41,622 children.

The total number of children on the rolls in December, 1907, was 36,284.

On the receipt by the Education Committee of the County Council of the Memorandum of the Board of Education, which is dated 22nd November, 1907, the question of providing for medical inspection was immediately taken into consideration, and a decision as to the course which should be taken was arrived at by the Committee at their meeting in December. This decision was duly considered at the meeting of the County Council in the same month, and passed.

It may be said here that the subject of the medical supervision of school children had previously to this been under consideration, and that at the beginning of 1906 I had, on the instruction of the Committee, presented a report, in which were discussed the lines on which it appeared such supervision could be best *initiated*, having regard to the circumstances which prevailed, and to the staffing of the existing Public Health Medical Service in the area under consideration. An abstract from this report is set out in the County report relating to the year 1905. It is not necessary, therefore, to do more than state that after setting out the advantages and disadvantages of utilizing the services, as medical inspectors, of the existing medical officers of health, should they be prepared to undertake the work in their respective districts, on the one hand, and of appointing medical inspectors, specially for the work of the inspection on the other—in either case to act under the supervision of the County Medical Officer of Health—I wrote as follows:—“The subject of medical inspection of school children is one which appears to me to be intimately associated with Public Health administration, and I am of opinion that the carrying out or the supervision of this work should properly be entrusted to medical officers of health. But where these officers are only required to devote a small part of their time to their official work, and are also engaged in general private practice, which must of necessity have first claim on their services, these conditions materially affect the case.” After consideration of this report the Committee decided to postpone action for the time being, but on the passing of the Act of 1907, and the issue of the Memorandum by the Board of Education, they were in a position to deal with the matter without delay.

The resolution which they submitted to the County Council in December, 1907, and which was adopted, was—

- (a) That the County Medical Officer should be instructed to organise and supervise the work of medical inspection of children in elementary schools ; and
- (b) That two assistant medical officers (male) should be appointed to assist him in carrying out the inspection.

Although it does not come within the year under review, it may be stated that Dr. Palgrave and Dr. Tate were appointed to the new posts early in 1908, that they took up office in April, and that the medical inspection of children newly admitted to school life and of those about to leave—in other words, the examinations which the Board indicated in their Memorandum should be made during this year—is steadily and satisfactorily proceeding.

As regards the other districts in the County, information is not available as to the action taken up to the end of 1907.

During 1907, in connection with the granting of County scholarships, junior teacher scholarships, and the appointment of pupil teachers, I medically examined, at various centres in the County, a total of 224 candidates.

LEGISLATION.

During the Parliamentary Session of 1907 several general Acts concerning public health administration were passed, and some of these should in time effect considerable improvement in the health of the people. A list of these Acts is as follows:—

The Public Health Acts Amendment Act, 1907.

The Public Health (Regulation as to Food) Act.

The Notification of Births Act.

The Education (Administrative Provisions) Act.

The Vaccination Act.

The Butter and Margarine Act.

The Factory and Workshops Act, 1907.

The Public Health Acts Amendment Act.—During recent years it has been customary for local authorities throughout the country to apply to Parliament for local Acts, granting them additional powers to control various matters for which their existing powers had been found inadequate. This proceeding was an expensive one for the authority concerned. In the case of districts in Middlesex, it will be seen by reference to previous county reports, that several authorities have considered it necessary to apply for some of these additional powers.

With the passing of this Act it is now possible for local authorities to obtain similar powers by applying to the Local Government Board, who may, by order, declare any part or any section of the Act to be in force in the district of the local authority.

The Act contains provisions as to streets and buildings, as to sanitary matters, infectious disease, common lodging houses, and other matters.

The Public Health (Regulation as to Food) Act.—This is a short Act which gives power to the Local Government Board to make regulations as to the examination and taking of samples of any article of food and drink other than drugs and water.

Notification of Births Act.—The Notification of Births Act is an adoptive Act, the objects of which may be said to be twofold:—

- (1) To obtain earlier and more complete information as to the births and still-births taking place in a district.
- (2) To enable sanitary authorities to take steps at an earlier date than they otherwise could, with a view to lessening the mortality amongst children under one year of age.

Section 1 makes it the duty of the father, and of any person in attendance on the mother, at or within six hours of the birth of a child, to give notice in writing of the birth to the medical officer of health. This notice is to be given within 36 hours. Failure to do this renders the above persons liable to a penalty not exceeding twenty shillings.

The local authority is required to provide medical practitioners and midwives with stamped postcards for the purpose of notification.

Section 2 provides that the Act may be adopted for their respective areas by Borough Councils and Urban and Rural District Councils. It may also be adopted by a County Council (other than the London County Council), either for the whole county or for any county district therein, and in this case the notifications are to be sent to the County Medical Officer of Health.

Section 3 gives power to the Local Government Board by order to declare the Act in force in any district in which it has not been adopted, if for any reason they deem it expedient.

The adoption of the Act is subject to the approval of the Local Government Board.

The Education (Administrative Provisions) Act.—This makes it compulsory on all Local Education Authorities under Part III of the Act of 1902, to provide for the medical inspection of children in public elementary schools, and gives them power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of such children.

Vaccination Act.—This Act is to enable persons to make a statutory declaration of conscientious objection to vaccination in place of having to appear before the magistrate.

Butter and Margarine Act.—The object of this Act is to make further provisions with respect to the manufacture, importation and sale of butter and margarine and similar substances. It provides for the registration of butter factories and any premises on which there is manufactured any milk-blended butter.

Factory and Workshop Act, 1907.—Section 1 of this Act applies the Act of 1901 to laundries carried on by way of trade, or for the purposes of gain, or carried on as auxiliary to another business, or incidentally to the purposes of any public institution.

Other sections regulate the hours of employment of women and young persons in laundries, specify certain special regulations to be complied with in laundries, applies the Act to institutions carried on for charitable or reformatory purposes, and provide for the Government inspection of laundry premises.

FURTHER STATISTICS
RELATING TO EACH SANITARY
DISTRICT.

NOTE.—The death-rates given in this part are the recorded death-rates after correction for outside deaths. They are not corrected for age and sex distribution, in order that they may be comparable with the death-rates of previous years. The corrected death-rates for comparison of one district with another are given on page 23.

ACTON URBAN DISTRICT.

Medical Officer of Health, D. J. Thomas, M.R.C.S.,
L.R.C.P., D.P.H.

Area in acres 2,305.

Census, 1901. Estimated, 1907.

Population .. 37,744 53,000

		1905.	1906.	1907.
Birth-rate		30·5	29·4	29·0
Recorded death-rate..		12·5	13·2	13·9
Infant mortality		106	125	118
Phthisis death-rate		0·86	0·92	1·24
Scarlet fever	} Case-rate	2·74	3·26	5·03
Diphtheria and M. Croup		1·02	0·88	1·10
Enteric fever		0·24	0·23	0·24
Scarlet fever	} Death-rate	0·04	0·13	0·11
Diphtheria and M. Croup		0·08	0·03	0·09
Enteric fever		0·12	0·05	0·05

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections relating to infantile mortality, scarlet fever, diphtheria, enteric fever, measles, whooping cough, phthisis, isolation hospitals, sewerage, dairies, cowsheds and milkshops, and offensive trades.

BRENTFORD URBAN DISTRICT.

Medical Officer of Health, Henry Bott, M.R.C.S., L.R.C.P.

Area in acres 1,091

Census, 1901. Estimated, 1907.

Population .. 15,171 16,050

			1905.	1906.	1907.
Birth-rate			33·6	29·9	32·3
Recorded death-rate			17·6	17·0	19·2
Infant mortality			115	140	113
Phthisis death-rate			0·88	0·88	1·99
Scarlet fever	} Case-rate		4·25	10·05	6·54
Diphtheria and M. Croup			5·40	6·66	3·24
Enteric fever			0·38	0·31	0·18
Scarlet fever	} Death-rate		0·04	0·44	0·37
Diphtheria and M. Croup			0·69	0·75	0·37
Enteric fever			0·06	0·06	0·06

*Rates are per 1,000 persons living, except infant mortality,
which is per 1,000 births.*

References to this district will be found in the sections relating to infantile mortality, scarlet fever, measles, isolation hospitals, housing, movable dwellings, canal boats, sewerage and dairies, cowsheds and milkshops.

CHISWICK URBAN DISTRICT.

Medical Officer of Health, F. C. Dodsworth, L.R.C.P.

Area in acres 1,249

Census, 1901. Estimated, 1907.

Population .. 29,809 35,970

		1905.	1906.	1907.
Birth-rate		28·5	25·1	25·4
Recorded death-rate		12·9	13·0	11·5
Infant mortality		107	115	119
Phthisis death-rate		1·23	1·30	1·16
Scarlet fever	} Case-rate	2·53	3·57	5·59
Diphtheria and M. Croup		1·21	0·82	0·83
Enteric fever		0·27	0·20	0·83
Scarlet fever	} Death-rate	0·09	—	0·19
Diphtheria and M. Croup		0·15	0·14	0·08
Enteric fever		0·03	0·02	0·14

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

For further information as to Chiswick, see the sections as to enteric fever, isolation hospitals, housing, canal boats and ice cream.

EALING (BOROUGH).

Medical Officer of Health, C. A. Patten, L.R.C.P., M.R.C.S.

Area in acres 2,947

Census, 1901. *Estimated, 1907.*

Population 33,031 49,588

				1905.	1906.	1907.
Birth-rate	..	..	..	23·3	24·2	24·7
Recorded death-rate	..	..	..	11·1	12·8	12·0
Infant mortality	..	..	..	101	129	91
Phthisis death-rate	..	..	..	0·80	0·80	0·64
Scarlet fever	..	..	} Case-rate	3·43	2·75	3·51
Diphtheria and M. Croup				1·35	2·9	2·38
Enteric fever	..	..		0·21	0·14	0·18
Scarlet fever	..	..	} Death-rate	0·04	0·02	0·04
Diphtheria and M. Croup				0·13	0·22	0·22
Enteric fever	..	..		0·06	—	0·04

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

The Borough of Ealing is referred to in the sections relating to diphtheria, diarrhoea, phthisis, isolation hospitals and sewerage.

EDMONTON URBAN DISTRICT.

Medical Officer of Health, S. C. Lawrence, M.B., Ch.B.,
D.P.H., M.R.C.S., L.R.C.P.

Area in acres 3,894

Census, 1901. Estimated, 1907.

Population { District .. 44,911 59,434
Institutions 1,988 2,041

		1905.	1906.	1907.
Birth-rate		35·6	33·1	31·2
Recorded death-rate		13·3	13·7	13·3
Infant mortality		128	131	112
Phthisis death-rate		0·77	1·14	0·89
Scarlet fever	Case-rate	4·58	6·74	3·88
Diphtheria and M. Croup		0·67	1·64	1·59
Enteric fever		0·80	0·44	0·48
Scarlet fever	Death-rate	0·11	0·22	0·13
Diphtheria and M. Croup		0·07	0·19	0·31
Enteric fever		0·11	0·12	0·08

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections as to infantile mortality, scarlet fever, enteric fever, measles, whooping cough, isolation hospitals, disinfection, housing, houses-let-in-lodgings, movable dwellings, canal boats, slaughter-houses and ice cream.

ENFIELD URBAN DISTRICT.

Medical Officer of Health, J. J. Ridge, M.D., B.S., B.A., &c.

Area in acres 12,601

Census, 1901. Estimated, 1907.
Population .. 42,738 54,688

			1905.	1906.	1907.
Birth-rate .. ..	..	..	26·4	25·2	26·1
Recorded death-rate..	..	..	11·1	11·2	12·3
Infant mortality .. ..	..	..	117	110	116
Phthisis death-rate .. ..	..	..	0·87	0·64	0·71
Scarlet fever .. ..	..	..	3·78	4·90	6·45
Diphtheria and M. Croup	}	Case-rate	0·76	1·09	1·53
Enteric fever			0·17	0·45	0·18
Scarlet fever			0·13	0·13	0·38
Diphtheria and M. Croup	}	Death-rate	0·07	0·02	0·47
Enteric fever			0·07	0·03	0·07

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is mentioned in the sections of this report relating to infantile mortality, scarlet fever, isolation hospitals, and sewerage.

FELTHAM URBAN DISTRICT.

Medical Officer of Health, C. D. Morris, L.R.C.P., M.R.C.S.

Area in acres 1,790.

Census, 1901. Estimated, 1907.

Population .. 4,534 5,906

		1905.	1906.	1907.
Birth-rate .. ..	..	33·3	24·7	24·5
Recorded death-rate..	..	13·4	11·2	12·2
Infant mortality .. ..	..	147	118	62
Phthisis death-rate .. ..	..	0·56	0·34	1·18
Scarlet fever	} Case-rate	1·89	7·10	2·03
Diphtheria and M. Croup		0·75	0·17	0·84
Enteric fever		0·37	—	0·17
Scarlet fever	} Death-rate	—	0·17	—
Diphtheria and M. Croup		—	—	—
Enteric fever		—	—	0·17

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to diphtheria, isolation hospitals, disinfection, housing, sewerage and mortuary accommodation.

FINCHLEY URBAN DISTRICT.

Medical Officer of Health, G. C. Taylor, M.A., M.D., D.P.H.

Area in acres 3,384

Census, 1901. Estimated, 1907.

Population .. 22,126 36,321

		1905.	1906.	1907.
Birth-rate		25·9	25·1	24·5
Recorded death-rate		9·9	11·7	9·8
Infant mortality		91	117	94
Phthisis death-rate		0·69	0·97	0·57
Scarlet fever	} Case-rate	2·96	4·16	3·44
Diphtheria and M. Croup		1·11	0·91	1·62
Enteric fever		0·27	0·35	0·16
Scarlet fever	} Death-rate	—	0·16	0·05
Diphtheria and M. Croup		0·06	0·09	0·11
Enteric fever		0·03	—	0·05

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections of this report as to infantile mortality, scarlet fever, measles, phthisis, isolation hospitals, sewerage and ice cream.

FRIERN BARNET URBAN DISTRICT.

Medical Officer of Health, F. A. Spreat, F.R.C.S., D.P.H.

Area in acres 1,304

Census, 1901. Estimated, 1907.

Population	{ District	8,816	10,237
	{ Asylum	2,750	2,428

		1905.	1906.	1907.
Birth-rate		27·7	27·4	28·9
Recorded death-rate		10·6	13·2	11·4
Infant mortality		82	130	81
Phthisis death-rate		0·66	0·56	0·78
Scarlet fever	} Case-rate	2·48	1·78	4·85
Diphtheria and M. Croup		1·53	1·12	1·66
Enteric fever		0·76	1·03	0·09
Scarlet fever	} Death-rate	—	—	—
Diphtheria and M. Croup		0·19	0·09	0·09
Enteric fever		0·09	0·09	0·09

Rates are per 1000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to scarlet fever, measles, isolation hospitals, sewerage, and dairies.

GREENFORD URBAN DISTRICT.

Medical Officer of Health, G. Hope, L.R.C.P., M.R.C.S., D.P.H.

Area in acres 3,041

Census, 1901. Estimated, 1907.

Population .. 819 1,050

	1905.	1906.	1907.
Birth-rate	17·2	15·8	20·9
Recorded death-rate	9·0	14·1	11·4
Infant mortality	52	157	45
Phthisis death-rate	—	—	0·95
Scarlet fever	0·91	—	0·95
Diphtheria and M. Croup	0·91	—	3·81
Enteric fever	—	—	—
Scarlet fever	—	—	—
Diphtheria and M. Croup	—	—	—
Enteric fever	—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to sewerage and offensive trades.

The figures are small, and yearly rates are therefore liable to marked fluctuation.

HAMPTON URBAN DISTRICT.

Medical Officer of Health, Wentworth Tyndale, M.B.

Area in acres 2,036

Census, 1901. Estimated, 1907.
Population .. 6,813 9,300

		1905.	1906.	1907.
Birth-rate		30·8	22·0	20·0
Recorded death-rate ..		11·8	10·5	10·3
Infant mortality		86	90	107
Phthisis death-rate		1·33	1·00	0·32
Scarlet fever	} Case-rate	4·93	2·66	0·96
Diphtheria and M. Croup		4·80	0·44	0·96
Enteric fever		0·26	0·11	0·21
Scarlet fever	} Death-rate	—	—	—
Diphtheria and M. Croup		0·93	0·11	—
Enteric fever		—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections of this report as to scarlet fever, enteric fever, measles, isolation hospitals and sewerage.

HAMPTON WICK URBAN DISTRICT.

Medical Officer of Health, Th. Günther, M.D.

Area in acres 1,314

Census, 1901. Estimated, 1907.

Population .. 2,606 2,532

	1905.	1906.	1907.
Birth-rate	14·2	15·2	15·0
Recorded death-rate	8·4	10·2	13·0
Infant mortality	108	25	184
Phthisis death-rate	0·38	1·14	—
Scarlet fever	1·15	16·73	2·76
Diphtheria and M. Croup	1·92	—	1·58
Enteric fever	—	1·90	—
Scarlet fever	—	0·38	—
Diphtheria and M. Croup	0·38	—	—
Enteric fever	—	0·76	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Hampton Wick is referred to in the sections of this report relating to isolation hospitals, housing, dairies, and ice cream.

HANWELL URBAN DISTRICT.

Medical Officer of Health, G. Hope, D.P.H., M.R.C.S.,
L.R.C.P.

Area in acres 1,067

Census, 1901. Estimated, 1907.
Population .. 10,438 20,160

	1905.	1906.	1907.
Birth-rate	26·2	28·5	24·4
Recorded death-rate	8·2	12·1	8·8
Infant mortality	103	131	101
Phthisis death-rate	0·51	0·55	0·99
Scarlet fever	5·40	4·85	5·46
Diphtheria and M. Croup	0·87	1·9	1·24
Enteric fever	—	0·20	—
Scarlet fever	—	0·10	—
Diphtheria and M. Croup	0·10	0·15	0·19
Enteric fever	—	0·05	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report as to infantile mortality, scarlet fever, measles, isolation hospitals, movable dwellings, canal boats and sewerage.

HARROW URBAN DISTRICT.

Medical Officer of Health, J. Fletcher Little, M.B., M.R.C.P.

Area in acres.. .. 2,028

Census, 1901. Estimated, 1907.

Population .. 10,220 14,860

		1905.	1906.	1907.
Birth-rate		24·0	23·2	23·5
Recorded death-rate ..		9·3	9·4	6·9
Infant mortality		57	88	54
Phthisis death-rate		0·46	0·58	0·33
Scarlet fever	} Case-rate	1·30	1·31	2·02
Diphtheria and M. Croup		0·46	0·4	0·26
Enteric fever		0·23	0·29	0·33
Scarlet fever	} Death-rate	—	—	0·20
Diphtheria and M. Croup		—	—	—
Enteric fever		0·07	0·14	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Harrow is referred to in the sections of this report relating to infantile mortality, measles and isolation hospitals.

HAYES URBAN DISTRICT.

Medical Officer of Health, J. W. Higginson, M.R.C.S.,
L.R.C.P.

Area in acres. 3,311

Census, 1901. Estimated, 1907.
Population . . . 2,594 . . . 3,000

			1905.	1906.	1907.
Birth-rate	..	..	32·6	29·3	35·0
Recorded death-rate	..	..	12·6	16·6	14·6
Infant mortality	..	..	61	125	52
Phthisis death-rate	..	..	1·00	1·33	1·00
Scarlet fever	..	..	—	1·33	1·33
Diphtheria and M. Croup		} Case-rate	3·00	3·6	—
Enteric fever	..		—	—	—
Scarlet fever	..		—	—	—
Diphtheria and M. Croup		} Death-rate	—	0·66	—
Enteric fever	..		—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections of this report as to isolation hospitals, housing, canal boats and sewerage.

HENDON URBAN DISTRICT.

Medical Officer of Health, F. W. Andrew, M.R.C.S., L.R.C.P.

Area in acres 8,382

Census, 1901. *Estimated*, 1907.

Population {	District	21,685	29,000
	Institutions	765	655

	1905.	1906.	1907.
Birth-rate	27·7	25·5	24·4
Recorded death-rate	11·7	10·9	10·3
Infant mortality	115	102	89
Phthisis death-rate	0·47	0·61	0·79
Scarlet fever	3·53	4·21	2·31
Diphtheria and M. Croup } Case-rate	1·25	0·68	1·48
Enteric fever	0·27	0·21	0·10
Scarlet fever	0·11	0·07	—
Diphtheria and M. Croup } Death-rate	—	0·18	0·20
Enteric fever	—	0·03	0·03

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to infantile mortality, scarlet fever, enteric fever, isolation hospitals, housing, sewerage, dairies and mortuary accommodation.

HESTON AND ISLEWORTH URBAN DISTRICT.

Medical Officer of Health, E. J. Steegmann, M.B., D.P.H.

Area in acres. 6,859

Census, 1901. Estimated, 1907.

Population . . . 30,863 34,351

			1905.	1906.	1907.
Birth-rate	..	..	29·3	33·5	33·0
Recorded death-rate	..	..	13·5	15·1	14·2
Infant mortality	..	..	127	134	88
Phthisis death-rate	..	..	0·91	0·91	0·93
Scarlet fever	..	..	2·42	2·04	2·33
Diphtheria and M. Croup		} Case-rate	3·00	2·01	3·46
Enteric fever	..		0·22	0·20	0·17
Scarlet fever	..		—	—	0·11
Diphtheria and M. Croup		} Death-rate	0·37	0·08	0·08
Enteric fever	..		—	0·03	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to infantile mortality, diphtheria, measles, isolation hospitals, housing, canal boats, and ice cream.

HORNSEY (BOROUGH).

Medical Officer of Health, H. Coates, M.D., D.P.H.

Area in acres 2,875

Census, 1901. Estimated, 1907.
Population .. 72,056 90,221

	1905.	1906.	1907.
Birth-rate	18·3	18·4	16·8
Recorded death-rate ..	8·1	8·8	8·4
Infant mortality	67	84	76
Phthisis death-rate	0·68	0·54	0·55
Scarlet fever	3·06	4·73	3·14
Diphtheria and M. Croup	1·79	1·80	1·08
Enteric fever	0·23	0·28	0·12
Scarlet fever	0·03	0·06	0·04
Diphtheria and M. Croup	0·09	0·14	0·09
Enteric fever	0·02	0·05	0·04

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Hornsey is referred to in the sections of this report relating to measles, phthisis and isolation hospitals.

KINGSBURY URBAN DISTRICT.

Medical Officer of Health, F. W. Andrew, M.R.C.S., L.R.C.P.

Area in Acres 1,829

Census, 1901. *Estimated, 1907.*

Population .. 757 815

			1905.	1906.	1907.
Birth-rate			22·5	16·1	11·0
Recorded death-rate ..			11·2	11·1	14·7
Infant mortality			111	76	222
Phthisis death-rate			—	—	—
Scarlet fever	} Case-rate		—	2·48	—
Diphtheria and M. Croup			3·75	—	—
Enteric fever			—	—	—
Scarlet fever	} Death-rate		—	2·48	—
Diphtheria and M. Croup			—	—	—
Enteric fever			—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections as to isolation hospitals and sewerage.

The figures of this district are so small that yearly rates are liable to marked fluctuation.

RUISLIP-NORTHWOOD URBAN DISTRICT.

Medical Officer of Health, L. W. Hignett, M.B., M.R.C.S.

Area in acres 6,585

Census, 1901. Estimated, 1907.

Population .. 3,566 5,330

		1905.	1906.	1907.
Birth-rate		25·4	25·2	20·0
Recorded death-rate		7·0	8·2	8·0
Infant mortality		69	58	37
Phthisis death-rate		1·77	1·05	0·93
Scarlet fever	} Case-rate	0·22	3·99	3·56
Diphtheria and M. Croup		0·22	0·21	1·12
Enteric fever		—	—	—
Scarlet fever	} Death-rate	—	—	0·18
Diphtheria and M. Croup		—	—	0·56
Enteric fever		—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to scarlet fever, measles, isolation hospitals and sewerage.

SOUTHALL-NORWOOD URBAN DISTRICT.

Medical Officer of Health, J. D. Windle, M.D., Ch.B.

Area in acres 2,575

Census, 1901. Estimated, 1907.

Population (District) 10,365 21,352

,, (Asylum) 2,835 2,825

	1905.	1906.	1907.
Birth-rate	32·5	33·0	31·6
Recorded death-rate	10·3	12·9	10·1
Infant mortality	100	154	94
Phthisis death-rate	0·67	0·69	0·70
Scarlet fever	3·89	5·27	1·78
Diphtheria and M. Croup	1·63	1·65	1·12
Enteric fever	0·16	0·47	0·09
Scarlet fever	0·05	0·10	—
Diphtheria and M. Croup	0·11	0·05	0·18
Enteric fever	—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to infantile mortality, scarlet fever, diphtheria, enteric fever, measles, phthisis, isolation hospitals, movable dwellings, canal boats, sewerage and dairies.

SOUTHGATE URBAN DISTRICT.

Medical Officer of Health, A. Sidney Ransome, B.A.,
M.B., D.P.H.

Area in acres 3,597

Census, 1901. Estimated, 1907.

Population .. 14,993 28,500

	1905.	1906.	1907.
Birth-rate	20·6	22·0	21·2
Recorded death-rate	7·9	10·8	7·6
Infant mortality	77	106	72
Phthisis death-rate	0·40	0·35	0·21
Scarlet fever	3·08	3·41	5·19
Diphtheria and M. Croup	1·02	1·21	1·12
Enteric fever	0·17	3·09	0·03
Scarlet fever	—	0·07	—
Diphtheria and M. Croup	0·17	0·19	0·17
Enteric fever	0·04	0·35	0·03

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to scarlet fever, isolation hospitals, housing, sewerage and dairies.

STAINES URBAN DISTRICT.

Medical Officer of Health, F. C. Tothill, M.B., C.M.

Area in acres 1918.

Census, 1901. Estimated, 1907.

Population .. 6,688 7,252

			1905.	1906.	1907.
Birth-rate			22·8	24·2	20·8
Recorded death-rate ..			11·0	11·3	11·0
Infant mortality			82	146	112
Phthisis death-rate			0·29	0·42	0·96
Scarlet fever	} Case-rate		3·05	0·42	3·03
Diphtheria and M. Croup			—	0·85	0·41
Enteric fever			0·29	—	—
Scarlet fever	} Death-rate		—	—	—
Diphtheria and M. Croup			—	0·28	—
Enteric fever			—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to scarlet fever, isolation hospitals, housing, movable dwellings, sewerage, dairies and offensive trades.

SUNBURY URBAN DISTRICT.

Medical Officer of Health, W. L. Byham, M.R.C.S., L.R.C.P.

Area in acres .. 2,659.

	Census, 1901.	Estimated, 1907.
Population	4,544	4,680

				1905.	1906.	1907.
Birth-rate	..	..	..	29·0	24·5	26·2
Recorded death-rate	..	..	..	12·2	15·1	11·7
Infant mortality	..	..	..	123	95	73
Phthisis death-rate	..	..	..	1·05	1·49	0·42
Scarlet fever	..	..	} Case-rate	4·21	1·70	1·71
Diphtheria and M. Croup				2·10	4·48	0·64
Enteric fever	..	..		0·21	0·21	—
Scarlet fever	..	..	} Death-rate	0·21	—	—
Diphtheria and M. Croup				0·21	0·42	0·21
Enteric fever	..	..		0·21	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections of this report relating to infantile mortality, scarlet fever, measles, phthisis, isolation hospitals, housing, dairies and slaughter-houses.

TEDDINGTON URBAN DISTRICT.

Medical Officer of Health, Th. Günther, M.D.

Area in acres.. .. 1,214

Census, 1901. Estimated, 1907.

Population .. 14,037 17,900

		1905.	1906.	1907.
Birth-rate		23·3	25·7	21·8.
Recorded death-rate ..		11·5	14·0	10·1.
Infant mortality		110	121	64.
Phthisis death-rate		1·40	1·11	0·78.
Scarlet fever	} Case-rate	1·40	2·47	2·57.
Diphtheria and M. Croup		0·24	0·29	0·44.
Enteric fever		0·12	0·35	—
Scarlet fever	} Death-rate	—	—	0·11.
Diphtheria and M. Croup		—	—	0·16.
Enteric fever		—	0·05	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Teddington is referred to in the sections of this report relating to scarlet fever, whooping cough, housing, sewerage, dairies and slaughter-houses.

TOTTENHAM URBAN DISTRICT.

Medical Officer of Health, J. F. Butler-Hogan, B.A.,
M.D., D.P.H., LL.D.

Area in acres 3,014

Census, 1901. Estimated, 1907.
Population .. 102,541 139,240

			1905.	1906.	1907.
Birth-rate			28·9	27·2	27·4
Recorded death-rate ..			12·5	12·4	11·9
Infant mortality			116	131	100
Phthisis death-rate			0·68	0·55	0·48
Scarlet fever	} Case-rate		3·06	3·40	5·23
Diphtheria and M. Croup			0·94	0·9	0·72
Enteric fever			0·35	0·46	0·28
Scarlet fever	} Death-rate		0·04	0·13	0·07
Diphtheria and M. Croup			0·12	0·09	0·08
Enteric fever			0·04	0·03	0·02

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to infantile mortality, scarlet fever, enteric fever, measles, phthisis, isolation hospitals, housing, movable dwellings, sewerage, dairies and ice cream.

TWICKENHAM URBAN DISTRICT.

Medical Officer of Health, W. Marston Clark, M.R.C.S.,
D.P.H.

Area in acres 2,421

Census, 1901. Estimated, 1907.
Population .. 20,991 27,000

			1905.	1906.	1907.
Birth-rate			27·4	30·0	28·6
Recorded death-rate ..			13·4	13·8	13·1
Infant mortality			127	133	112
Phthisis death-rate			0·73	1·14	1·00
Scarlet fever	} Case-rate		1·61	3·03	2·35
Diphtheria and M. Croup			0·38	0·92	0·66
Enteric fever			0·07	0·22	0·18
Scarlet fever	} Death-rate		—	0·03	—
Diphtheria and M. Croup			0·03	0·08	0·07
Enteric fever			0·03	—	0·03

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Twickenham is referred to in the sections of this report relating to infantile mortality, measles, isolation hospitals and sewerage.

UXBRIDGE URBAN DISTRICT.

Medical Officer of Health, J. L. Lock, M.A., M.B., B.C.,
M.R.C.S.

Area in acres 868

Census, 1901. Estimated, 1907.

Population .. 8,585 9,400

			1905.	1906.	1907.
Birth-rate			28·5	27·2	26·2
Recorded death-rate			17·3	16·2	13·9
Infant mortality			110	118	89
Phthisis death-rate			1·74	1·18	1·49
Scarlet fever	} Case-rate		0·87	1·29	3·30
Diphtheria and M. Croup			0·87	1·72	0·95
Enteric fever			0·10	0·10	0·10
Scarlet fever	} Death-rate		—	0·10	—
Diphtheria and M. Croup			0·10	0·10	0·10
Enteric fever			—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to infantile mortality, scarlet fever, enteric fever, isolation hospitals, disinfection, canal boats, dairies and slaughter houses.

WEALDSTONE URBAN DISTRICT.

Medical Officer of Health, G. H. Butler, L.R.C.P.,
M.R.C.S.

Area in acres 1,061

Census, 1901. Estimated, 1907.
Population .. 5,901 11,330

	1905.	1906.	1907.
Birth-rate	27·1	28·1	26·4
Recorded death-rate	8·9	7·9	8·3
Infant mortality	87	92	78
Phthisis death-rate	0·83	0·65	0·70
Scarlet fever	3·42	2·69	1·59
Diphtheria and M. Croup	0·20	0·2	1·14
Enteric fever	—	—	0·26
Scarlet fever	—	—	—
Diphtheria and M. Croup	—	—	—
Enteric fever	—	—	0·08

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Wealdstone is referred to in the sections of this report relating to infantile mortality, scarlet fever, enteric fever, whooping cough, phthisis, isolation hospitals, housing and sewerage.

WEMBLEY URBAN DISTRICT.

Medical Officer of Health, C. E. Goddard, M.D.

Area in acres 4,564

Census, 1901. Estimated, 1907.

Population .. 4,519 8,303

			1905.	1906.	1907.
Birth-rate .. ..	..	..	26·4	28·6	20·1
Recorded death-rate ..	..	..	9·3	8·8	10·0
Infant mortality .. ..	..	..	134	81	89
Phthisis death-rate .. ..	..	..	1·01	0·66	0·60
Scarlet fever .. ..	..	} Case-rate	5·25	3·16	2·29
Diphtheria and M. Croup			1·01	0·50	0·36
Enteric fever .. ..	..		0·33	—	0·24
Scarlet fever .. ..	..	} Death-rate	—	—	—
Diphtheria and M. Croup			—	0·16	0·12
Enteric fever .. ..	..		0·17	—	0·12

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to infantile mortality, measles, isolation hospitals, canal boats and offensive trades.

WILLESDEN URBAN DISTRICT.

Medical Officer of Health, W. Butler, M.B., C.M., D.P.H.

Area in acres 4,384

Census, 1901. *Estimated*, 1907.

Population 114,811 144,376

			1905.	1906.	1907.
Birth-rate			29·8	30·1	29·4
Recorded death-rate ..			12·4	11·8	11·8
Infant mortality			110	111	102
Phthisis death-rate			1·03	0·98	0·95
Scarlet fever	} Case-rate		2·82	4·49	4·44
Diphtheria and M. Croup			1·92	2·01	1·76
Enteric fever			0·29	0·32	0·19
Scarlet fever	} Death-rate		0·03	0·07	0·13
Diphtheria and M. Croup			0·09	0·11	0·12
Enteric fever			0·08	0·04	0·02

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

Willesden is referred to in the sections of this report relating to infantile mortality, scarlet fever, diphtheria, measles, whooping cough, diarrhoea, phthisis, isolation hospitals, housing, houses-let-in-lodgings, common lodging houses, canal boats, sewerage, offensive trades and ice cream.

WOOD GREEN URBAN DISTRICT.

Medical Officer of Health, G. H. Conolly, M.R.C.S., &c.

Area in acres 1,625

Census, 1901. Estimated, 1907.

Population .. 34,233 49,000

		1905.	1906.	1907.
Birth-rate		26·8	26·7	29·5
Recorded death-rate..		10·0	10·6	11·2
Infant mortality		84	103	69
Phthisis death-rate		0·64	0·76	0·73
Scarlet fever	} Case-rate	2·73	4·86	4·79
Diphtheria and M. Croup		1·78	1·6	1·67
Enteric fever		0·41	0·34	0·22
Scarlet fever	} Death-rate	0·02	0·15	—
Diphtheria and M. Croup		0·18	0·19	0·16
Enteric fever		0·02	0·02	0·02

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to measles, isolation hospitals and ice cream.

HENDON RURAL DISTRICT.

Medical Officer of Health, R. Leslie Romer, M.R.C.S.,
L.R.C.P.

Area in acres.. .. 11,321

Census, 1901. Estimated, 1907.

Population .. 8,647 12,213

	1905.	1906.	1907.
Birth-rate	18·2	17·8	17·6
Recorded death-rate.. ..	8·7	8·8	7·8
Infant mortality	44	82	41
Phthisis death-rate	0·54	0·61	0·40
Scarlet fever	2·43	2·87	3·36
Diphtheria and M. Croup {	1·97	1·21	0·73
Enteric fever {	0·27	0·17	0·24
Scarlet fever	—	—	—
Diphtheria and M. Croup {	0·18	—	—
Enteric fever {	0·09	0·08	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to measles, isolation hospitals and movable dwellings.

SOUTH MIMMS RURAL DISTRICT.

Medical Officer of Health, W. Gruggen, L.R.C.P.,
M.R.C.S., D.P.H.

Area in acres 6,105

Census, 1901. Estimated, 1907.
Population .. 2,671 2,840

	1905.	1906.	1907.
Birth-rate	24·0	21·7	20·4
Recorded death-rate	14·7	11·0	7·3
Infant mortality	149	82	34
Phthisis death-rate	0·71	0·71	0·70
Scarlet fever	2·51	3·56	5·63
Diphtheria and M. Croup {	1·07	2·13	2·46
Enteric fever {	—	—	—
Scarlet fever {	—	—	—
Diphtheria and M. Croup {	0·36	—	0·35
Enteric fever {	—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

See the sections of this report relating to isolation hospitals and dairies.

STAINES RURAL DISTRICT.

Medical Officer of Health, C. Dwight Morris, M.R.C.S.,
L.R.C.P.

Area in acres. 17,964

Census, 1901. Estimated, 1907.

Population .. 18,095 23,000

	1905.	1906.	1907.
Birth-rate	28·8	24·0	26·3
Recorded death-rate ..	11·5	12·1	10·8
Infant mortality	102	112	97
Phthisis death-rate	0·80	1·05	0·74
Scarlet fever	0·55	2·43	3·45
Diphtheria and M. Croup } Case-rate.	1·31	0·87	2·61
Enteric fever	0·15	0·04	0·13
Scarlet fever	—	0·04	0·08
Diphtheria and M. Croup } Death-rate	0·30	0·18	0·39
Enteric fever	—	—	—

Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

This district is referred to in the sections of this report relating to scarlet fever, diphtheria, measles, whooping cough, isolation hospitals, housing, movable dwellings, sewerage, dairies, offensive trades, and mortuary accommodation.

UXBRIDGE RURAL DISTRICT.

Medical Officer of Health, A. Charpentier, M.D., D.P.H.

Area in acres 13,519

Census, 1901. Estimated, 1907.

Population .. 11,058 13,536

	1905.	1906.	1907.
Birth-rate	29·7	28·1	27·8
Recorded death-rate	13·0	14·9	10·6
Infant mortality	76	181	92
Phthisis death-rate	1·30	1·33	0·51
Scarlet fever	2·11	5·33	5·39
Diphtheria and M. Croup	1·22	1·09	0·44
Enteric fever	0·56	0·23	—
Scarlet fever	—	0·08	—
Diphtheria and M. Croup	0·16	0·08	—
Enteric fever	—	—	—

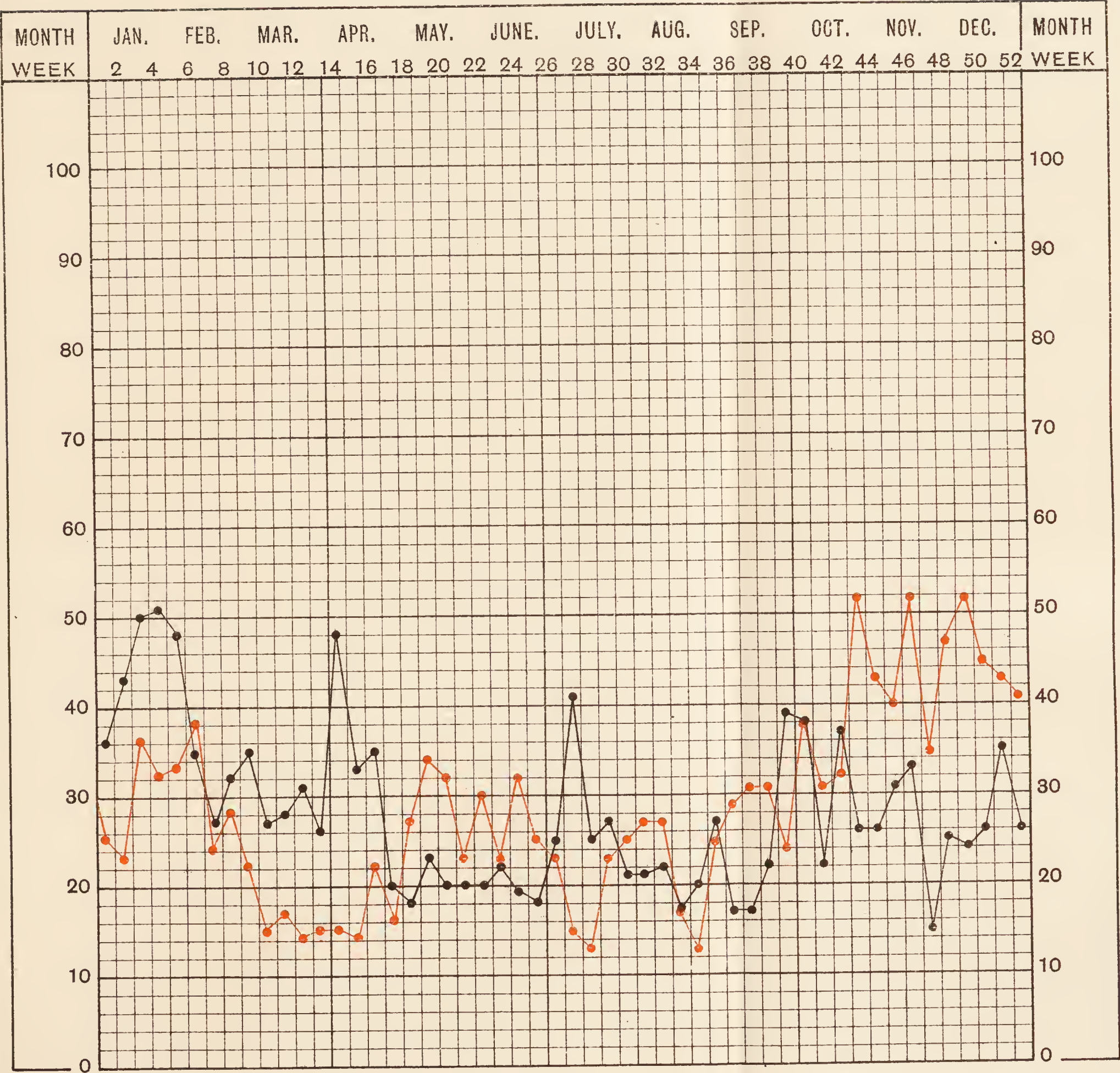
Rates are per 1,000 persons living, except infant mortality, which is per 1,000 births.

References to this district will be found in the sections of this report relating to scarlet fever, isolation hospitals, disinfection and housing.

DIPHTHERIA AND MEMBRANOUS CROUP.

WEEKLY NOTIFICATIONS.

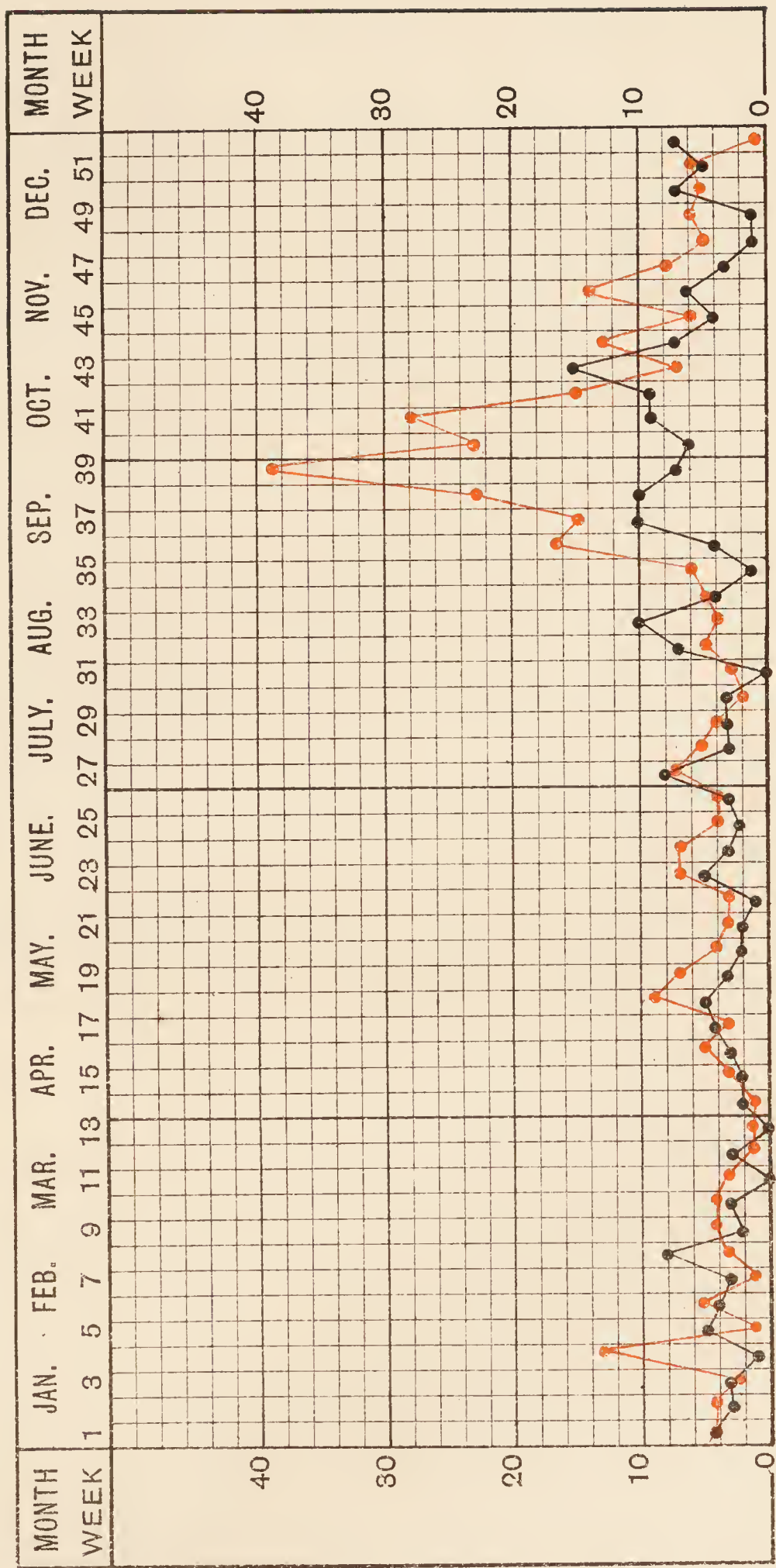
1906. —
1907. —



ADMINISTRATIVE COUNTY OF MIDDLESEX.

ENTERIC FEVER.

WEEKLY NOTIFICATIONS.
1906. —
1907. —



ADMINISTRATIVE COUNTY OF MIDDLESEX.

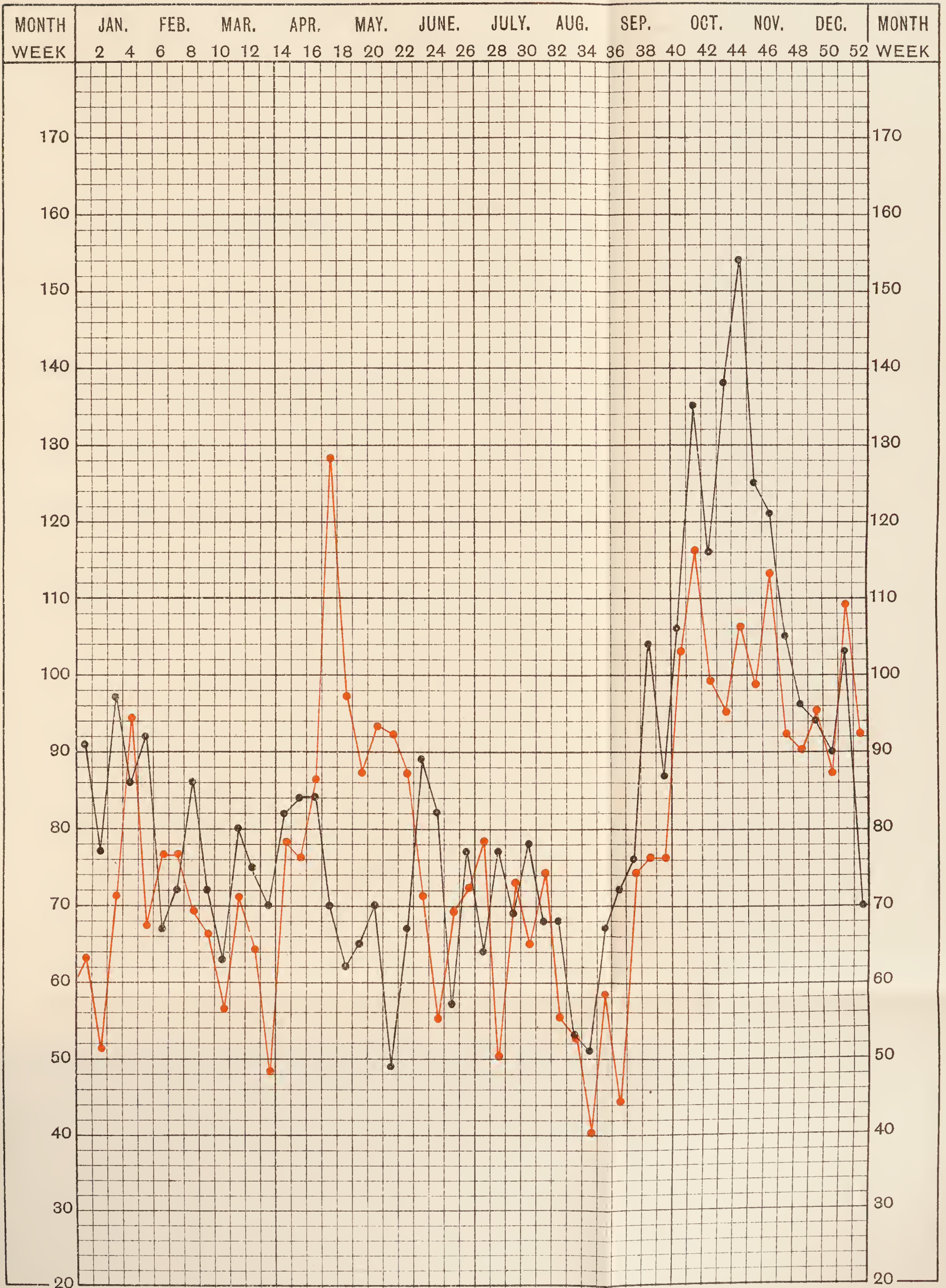
NOTE.—The marked rise during the 36th-41st weeks in 1906 was chiefly due to a localised outbreak in New Southgate.

SCARLET FEVER.

WEEKLY NOTIFICATIONS.

1906. —

1907. —



ADMINISTRATIVE COUNTY OF MIDDLESEX.

TABLES.

1. Table showing corrections made in each district for deaths of non-residents, and for deaths of residents occurring outside the districts, the latter, for most part, supplied by the County Council.
2. Table of causes of death recorded in the district reports.
3. Table showing sanitary work carried out in each district.

ADMINISTRATIVE COUNTY OF MIDDLESEX.—TABLE I.

VITAL STATISTICS OF EACH DISTRICT IN THE COUNTY DURING 1907.

District.	1	2	Births.		Total Deaths Registered in the District.				Deaths of Non-residents registered in Public Institutions in the District.	Deaths of residents registered in Public Institutions beyond the District.	Net Deaths at all Ages belonging to the District.		
			Number.	Rate per 1,000 living.	Under 1 Year of Age.		At all Ages.				Number.	Rate per 1,000 living.	
					Number.	Rate per 1,000 Births registered.	Number.	Rate per 1,000 living.					
													5	6	7	8
		3	4	5	6	7	8	9	10	11	12	13	
Urban.													
Acton	53,000	1,538	29.0	183	118	605	11.4	25	8	140	737	13.9
Brentford	16,050	519	32.3	59	113	234	14.5	..	..	75	309	19.2
Chiswick	35,570	915	25.4	109	119	339	9.4	12	13	88	414	11.5
Ealing (<i>Borough</i>)	49,588	1,228	24.7	112	91	516	10.4	43	9	89	596	12.0
Edmon- ton { District Institutions ¹	..	59,434 2,041	1,923	31.2	216	112	977	15.8	392	309	124	792	13.3
Enfield	54,688	1,432	26.1	167	116	625	11.4	24	9	62	678	12.3
Feltham	5,906	145	24.5	9	62	57	9.6	1	..	15	72	12.2
Finchley	36,321	889	24.5	84	94	313	8.6	22	10	54	357	9.8
Friern { District Asylum ²	..	10,237 2,428	296	28.9	24	81	293	23.1	185	185	10	117	11.4
Greenford	1,050	22	20.9	1	45	8	7.6	..	..	4	12	11.4
Hampton	9,300	186	20.0	20	107	80	8.6	..	3	19	96	10.3
Hampton Wick	2,532	38	15.0	7	184	30	11.8	..	3	6	33	13.0

Hanwell	..	20,160	493	24.4	50	101	146	7.2	2	..	33	179	8.8
Harrow	..	14,860	350	23.5	19	54	98	6.6	9	8	13	103	6.9
Hayes	..	3,000	105	35.0	5	52	42	14.0	2	2	4	44	14.6
Hendon	{ District	29,000	708	24.4	63	89	389	13.1	145	124	35	300	10.3
	{ Institutions ³	655											
Heston & Isleworth	..	34,351	1,135	33.0	100	88	741	21.5	356	279	28	490	14.2
Hornsey (<i>Borough</i>)	..	90,221	1,524	16.8	116	76	635	7.0	26	18	149	766	8.4
Kingsbury	..	815	9	11.0	2	222	11	13.4	..	..	1	12	14.7
Ruislip-Northwood	..	5,330	107	20.0	4	37	39	7.3	5	5	9	43	8.0
Southall- { District	..	21,352	677	31.6	64	94	363	15.0	176	176	30	217	10.1
Norwood { Asylum ⁴	..	2,825											
Southgate	..	28,500	605	21.2	44	72	187	6.5	8	8	38	217	7.6
Staines	..	7,252	151	20.8	17	112	73	10.0	..	..	7	80	11.0
Sunbury	..	4,680	123	26.2	9	73	49	10.4	..	..	6	55	11.7
Teddington	..	17,900	391	21.8	25	64	159	8.8	14	3	26	182	10.1
Tottenham	..	139,240	3,819	27.4	382	100	1,602	11.5	343	243	307	1,666	11.9
Twickenham	..	27,000	774	28.6	87	112	302	11.2	23	6	60	356	13.1
Uxbridge	..	9,400	246	26.2	21	89	115	12.2	..	..	16	131	13.9
Wealdstone	..	11,330	300	26.4	23	78	74	6.8	..	..	17	95	8.3
Wembley	..	8,303	167	20.1	15	89	74	8.9	..	..	9	83	10.0
Willesden	..	144,376	4,247	29.4	436	102	1,545	10.7	222	6	165	1,704	11.8
Wood Green	..	49,000	1,449	29.5	100	69	461	9.4	28	12	104	553	11.2
<i>Rural.</i>													
Hendon	..	12,213	216	17.6	9	41	78	6.3	4	2	20	96	7.8
South Mimms	..	2,840	58	20.4	2	34	25	8.8	5	6	2	21	7.3
Staines	..	23,000	606	26.3	59	97	256	11.1	49	23	17	250	10.8
Uxbridge	..	13,536	377	27.8	35	92	181	13.3	54	41	4	144	10.6

¹ Edmonton Union Workhouse, Strand Union Workhouse and Strand Union Schools.

² London County Lunatic Asylum (Colney Hatch).

³ Cleveland Street Sick Asylum (Strand District) and Hendon Union Workhouse.

⁴ London County Lunatic Asylum (Hanwell).

APPENDIX TO TABLE I.

SHOWING CORRECTIONS MADE FOR DEATHS IN INSTITUTIONS.

1. Institutions in the County the population and deaths in which have been as far as possible *excluded* :—

Strand Union Workhouse	..	situated in Edmonton.
Colney Hatch Lunatic Asylum	„	Friern Barnet.
Hanwell Lunatic Asylum	..	„ Southall-Norwood.
Northern Fever Hospital, M.A.B.	„	Southgate.
North-Eastern Fever Hospital, M.A.B., except beds reserved for Tottenham	.. ..	„ Tottenham.

2. Institutions outside the County the deaths and average population in which of Middlesex residents have been as far as possible *included*, and *distributed* to the various districts to which they rightly belong :—

County Lunatic Asylum	situated at Wandsworth.
County Lunatic Asylum	„ Napsbury.
Barnet Union Workhouse	„ in Barnet U.D.

Distributed to { Finchley.
Friern Barnet.
South Mimms.

Kingston Union Workhouse, situated in Kingston U.D.

Distributed to { Hampton.
Hampton Wick.
Teddington.

London Hospitals, situated in London.

Other outside hospitals, *e.g.*, Richmond.

3. Institutions within the County of Middlesex the deaths in which have been *distributed* amongst the districts in which the persons previously resided :—

Brentford Union Workhouse, situated in Heston and Isleworth.

Distributed amongst { Acton.
Brentford.
Chiswick.
Ealing.
Greenford.
Hanwell.
Heston and Isleworth.
Twickenham.

Hendon Union Workhouse, situated in Hendon.

Distributed amongst	{	Harrow.
		Hendon Urban.
		Hendon Rural.
		Kingsbury.
		Wealdstone.
		Wembley.

Staines Union Workhouse, situated in Staines Rural District.

Distributed amongst	{	Feltham Urban District.
		Staines Rural District.
		Sunbury Urban District.
		Staines Urban District.

Uxbridge Union Workhouse, situated in Uxbridge Rural District.

Distributed amongst	{	Hayes Urban.
		Ruislip-Northwood.
		Uxbridge Rural District.
		Uxbridge Urban District.
		Southall-Norwood District.

Tottenham Hospital, situated in Tottenham.

4. Institutions within the County some of the deaths in which are *excluded* from the County, and others *distributed* amongst districts in the County :—

Edmonton Union Workhouse, situated in Edmonton.

(a) Excluded, those belonging to { Cheshunt U.D.
Waltham Cross U.D.

(b) Remainder distributed amongst { Edmonton.
Enfield.
Hornsey.
Wood Green.
Southgate.
Tottenham.

Enfield Workhouse.

COUNTY OF MIDDLESEX.—TABLE II.

CAUSES OF DEATH RECORDED IN THE DISTRICT REPORTS FOR 1907.

	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria, including Membranous Croup.	Croup.	Fever.			Epidemic Influenza.	Cholera.	Plague.	Diarrhoea.	Enteritis.	Puerperal Fever.	Erysipelas.	Other Septic Diseases.
							Typhus.	Enteric.	Other continued.								
<i>Urban.</i>																	
Acton	20	6	17	5	..	..	3	..	9	..	..	19	12	1	..	6
Brentford	..	16	6	8	6	..	..	1	..	3	..	..	1	..	..	1	..
Chiswick	..	12	7	9	3	..	..	5	..	..	..	..	20	..	1	..	..
Ealing (<i>Borough</i>)	..	5	2	4	11	..	..	2	..	12	..	..	21	2	3	1	..
Edmonton	..	21	8	39	19	..	..	5	1	14	..	..	32	5	3	1	4
Enfield	..	10	21	12	26	1	..	4	..	8	..	..	6	20	1	..	2
Feltham	1	..	1	..	1	..	..	..	1	..	..	..
Finchley	..	16	2	14	4	..	..	2	..	9	..	..	7	1	1	1	10
Friern Barnet..	..	2	..	2	1	1	..	1	..	2	..	..	..	..	..	..	..
Greenford	1	..	..	..	..	..	..	..
Hampton	7	..	..	..	..	..	..	..	..	..	1	..	..	2

Hampton Wick	1	2	..	..	1	4	..	..	1	3	1	2	4	9	6	3	3	..	12	1
Hanwell	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Harrow	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hayes ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hendon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
*Heston and Isleworth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hornsey (<i>Borough</i>)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kingsbury	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ruislip-Northwood	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southall-Norwood	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southgate	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Staines	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Simbury	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Teddington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tottenham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Twickenham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uxbridge	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wealdstone	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wembley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Willesden	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wood Green ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>Rural.</i>																				
Hendon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South Mimms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Staines	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Uxbridge	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* 28 "outside" deaths not included.

COUNTY OF MIDDLESEX.—TABLE II.—*continued.*CAUSES OF DEATH RECORDED IN THE DISTRICT REPORTS FOR 1907—*continued.*

	Phthisis (Pulmonary Tuberculosis).	Other Tubercular Diseases.	Cancer, Malignant Disease.	Bronchitis.	Pneumonia.	Pleurisy.	Other Diseases of Respiratory Organs.	Alcoholism, Cirrhosis of Liver.	Veneral Diseases.	Premature Birth.	Diseases and Accidents of Parturition.	Heart Diseases.	Accidents.	Suicides.	All other causes.
<i>Urban.</i>															
Acton ..	66	22	46	57	85	1	8	10	2	29	4	53	17	2	237
Brentford ..	32	13	17	30	25	..	6	2	3	16	2	29	6	2	84
Chiswick ..	42	8	28	28	46	..	..	3	1	12	2	38	9	1	137
Ealing (<i>Borough</i>) ..	32	16	52	49	48	3	..	8	..	16	..	45	10	5	249
Edmonton ..	53	29	47	53	88	1	4	8	8	34	4	29	25	4	250
Enfield ..	39	17	36	39	74	3	6	12	1	32	1	50	27	4	226
Feltham ..	7	1	5	6	9	..	..	1	..	1	2	7	2	..	27
Finchley ..	21	9	32	32	26	2	3	4	1	14	2	38	2	..	104
Friern Barnet ..	8	7	8	8	12	..	..	..	..	5	..	18	1	1	40
Greenford ..	1	2	..	2	..	..	..	..	..	..	..	..	1	..	5
Hampton ..	3	4	14	6	8	..	..	2	..	3	1	10	3	..	32

COUNTY OF MIDDLESEX.—TABLE III.—SANITARY WORK, 1907.

NAME OF SANITARY DISTRICT.	Inspections.						Notices.			
	Number of Premises In- spected on Complaint.	Number of Premises In- spected in connection with Infectious Diseases.	Number of Premises under Periodical Inspection.	Houses Inspected from House-to-House.	Total Number of Inspections and Re-inspections made.	Cautiounary or Intimation Notices Given.	Statutory Orders Issued.	Summonses Served.	Convictions Obtained.	
<i>Urban.</i>										
Acton ..	522	425	286	2,154	8,215	956	1,233	2	2	
Brentford ..	61	..	..	..	1,955	277	94	1	1
Chiswick ..	172	280	349	2,895	8,584	411	1,422	4	2	
Ealing (<i>Borough</i>) ..	132	333	313	274	6,402	528	332	1	..	
Edmonton ..	729	413	293	258	14,086	2,939	310	8	7	
Enfield ..	50	398	398	1,005	16,384	814	294	..	..
Feltham ..	23	13	281	394	417	141	16	1	1	
Finchley ..	154	443	425	150	6,665	180	286	3	3	
Friern Barnet ..	37	446	55	117	1,994	363	18	..	..

Greenford..	..	29	8	49	..	86	61	5	..	..
Hampton ..	..	68	25	57	124	2,355	129	9	..	..
Hampton Wick	..	4	13	24	280	420	28	2	..	..
Hanwell ..	..	101	125	..	550	2,776	..	130	..	..
Harrow ..	..	112	47	105	32	1,121	95	3	..	..
Hayes ..	..	7	8	24	..	28	..	1	..	..
Hendon ..	..	63	131	207	73	1,883	256	39	..	..
Heston and Isleworth	..	53	219	359	120	16,171	3,131	391	..	..
Hornsey (<i>Borough</i>)	..	199	592	705	723	8,643	655	292	..	..
Kingsbury ..	..	1	..	64	75	86	3	..	..	..
Ruislip-Northwood	..	80	48	49	830	1,002	153	7	2	2
Southall-Norwood	..	54	85	106	228	528	120	2	6	..
Southgate ..	..	96	192	154	144	3,627	270	3	..	..
Staines ..	..	20	16	..	40	280	38	73	..	..
Sunbury ..	..	26	7	17	234	1,301	50	9	..	..
Teddington	..	30	162	75	329	2,596	81	10	..	..
Tottenham	..	572	3,711	518	2,214	21,894	2,010	224	..	..
Twickenham	..	20	112	168	2,876	5,374	976	71	..	..
Uxbridge ..	..	55	112	..	380	3,250	280	68	2	2
Wealdstone	..	48	61	63	..	183	47	..	..	..
Wembley ..	..	49	..	..	200	828	128	14	2	2
Willesden	..	741	1,017	597	868	16,353	1,253	295	3	3
Wood Green	..	750	100	301	239	6,099	446	424	4	2
<i>Rural.</i>										
Hendon ..	..	134	105	156	597	2,270	650	13	1	..
South Mimms	..	11	24	68	..	103	..	3	..	..
Staines ..	..	51	96	806	405	2,125	408	71	4	4
Uxbridge ..	..	20	107	70	148	851	52	25	..	..

COUNTY OF MIDDLESEX.—TABLE III.—continued.—SANITARY WORK, 1907—continued.

NAME OF SANITARY DISTRICT.	Movable Dwellings, Caravans, Tents, &c.			Bake- houses.		Slaughter-houses.			Cow-sheds.			
	Number Observed during the Year.	Number of Nuisances therefrom Abated.	Number Removed from District.	Number in District.	Contraventions of Factory Acts.	Number on Register.	Number of Inspections made and frequency of inspec- tion.	Contraventions of By-laws.	Number on Register.	Number of Inspections made and frequency of inspec- tion.	Contraventions of Regulations.	Number of Milch Cows in District.
<i>Urban.</i>												
Acton ..	11	8	..	28	.. 11	4	122	..	2	24	.. 2	98
Brentford ..	..	..	..	15	11	6	6	..	..	..	..	..
Chiswick ..	30	..	30	16	..	7	4 times a year	..	2	4 times a year	..	..
Ealing (<i>Borough</i>)	16	..	16	27	..	4	12 quarterly	..	8	32 quarterly	..	250
Edmonton..	375	..	..	31	3	6	151	1	4	38	1	28
Enfield ..	27	..	27	39	21	17	379	..	37	283	18	560
Feltham ..	4	4	4	3	..	3	12	..	..	..	..	..
Finchley ..	..	..	..	17	7	11	236	..	9	..	..	168
Friern Barnet	18	18	18	7	..	2	104 weekly	..	5	83 monthly	1	about 40
Greenford..	..	..	..	..	..	..	..	..	7	..	..	..
Hampton ..	5	2	5	8	6	5	26	..	9	15 half- yearly	2	102
Hampton Wick ..	..	..	..	2	..	1	2	..	1	4	..	12

	4	10	8	4	quarterly 110†	15	3	4 47 quarterly quarterly	12	20 117
Hanwell ..	..	17	..	7	quarterly	..	10	quarterly	..	117
Harrow ..	..	4	..	2	quarterly	..	3	quarterly	..	79
Hayes ..	..	14	4	8	..	..	28	..	15	550
Hendon ..	24	35	19	11	320	15	16	634	71	213
Heston and Isleworth	98	42	20	10	112	2	3	27	..	67
Hornsey (<i>Borough</i>)	2	..	..	..	..	..	2	once a month	..	..
Kingsbury ..	..	..	..	..	..	..	17	60 half- yearly	8	197
Ruislip-Northwood	4	3	6	2	..	1	7	yearly	2	320
Southall-Norwood	36	16	5	5	63	2	11	18	3	143
Southgate ..	193	16	2	8	40	1	10	52	1	99
Staines ..	115	11	..	3	6	..	4	monthly	..	115
Sunbury ..	20	4	..	Noregister kept	2 half- yearly	..	6	..	8	40
Teddington	1	13	1	6	12	1	20	24	1	..
Tottenham	203	53	6	15	..	1	9	112	..	109
Twickenham	..	19	..	10	296	..	..	..	..	..
Uxbridge ..	4	14	6	7	..	6	3	18	1	30
Wealdstone	51	7	3	3	18	3	11	†	5	212
Wembley ..	12	5	1	4	Fort- nightly	..	5	15	3	110
Willesden ..	26	67	19	9	34	..	4	38	..	9
Wood Green	13	24	3	5	158	..	34	Bi-annual	12	..
<i>Rural.</i> Hendon ..	279	9	2	9	about weekly	4	7	71	..	111
South Mimms	..	5	..	4	8	..	35	14	..	536
Staines ..	10	20	..	..	..	..	22	Twice a year	..	402
Uxbridge ..	6	15	2	..	..	..	..	Half- yearly 62	..	..

† Harrow:—Each slaughter-house is inspected once every two weeks during the process of slaughtering.
+ Wembley.—Cowsheds inspected monthly in winter, less often in summer.

COUNTY OF MIDDLESEX—TABLE III.—continued.—SANITARY WORK, 1907—continued.

NAME OF SANITARY DISTRICT.	Dairies and Milkshops.			Unsound Food.			Adulterated Food.	
	Number on Register.	Number of Inspections made and frequency of Inspection.	Contraventions of Regulations.	(a) Animals seized (b) Articles or Parcels seized.	Condemned by Magistrate (a & b).	Articles or Parcels surrendered.	Samples taken (if any) by the District Local Authority.	Found adulterated.
<i>Urban.</i>								
Acton ..	62	96	..	a. .. b. 331	a. .. b. 82	329	100	14
Brentford ..	..	..	..	..	..	..	..	..
Chiswick ..	30	4 times a year	..	..	..	13	68	11
Ealing (<i>Borough</i>) ..	42	168 quarterly	..	..	..	3	..	..
Edmonton ..	53	227	1	..	1	18	..	..
Enfield ..	73	644	14	..	2	38	..	..
Feltham ..	2	8	2	..	..	..	..	..
Finchley ..	33	88*	..	..	..	53	..	..
Friern Barnet ..	14	56	3	..	..	80 lbs. fish, small	..	..
Greenford ..	7	..	..	..	..	..	..	..
Hampton ..	5	10	..	..	..	..	..	..
Hampton Wick ..	3	8	..	..	1	1	..	..

[illegible]

* *Finchley*.—Including inspections of cow-sheds.

COUNTY OF MIDDLESEX.—TABLE III.—continued.—SANITARY WORK, 1907—continued.

NAME OF SANITARY DISTRICT.	Offensive Trades.			Water Supply and Water Service.						Number of Samples obtained for analysis, (a) from Local Wells (b) from Public Supply.				
	Number of Premises in District.	Number of Inspections made.	Contraventions of By-laws.	Wells.			Percentage of Houses Supplied from Public Water Service.	Cisterns.		Draw-Taps placed on Main.	Percentage of Houses Supplied on Constant System.			
				New Sunk.	Cleaned, Repaired, &c.	Closed as Polluted.		New, Provided.	Cleaned, Repaired, Covered, &c.					
<i>Urban.</i>													a.	b.
Acton ..	2	70	1	.	.	.	100	.	89	17	100		1	3
Brentford ..	.	.	.	.	.	.	100	.	12	.	.		8	1
Chiswick ..	1	1	.	.	.	.	100	.	232	125	100		.	.
Ealing (<i>Borough</i>) ..	.	.	.	.	.	1	100	2	19	54	100		.	.
Edmonton ..	.	.	.	1	.	1	99.3	.	62	26	100		1	.
Enfield ..	.	.	.	.	2	2	.	12	141	.	.		.	.
Feltham ..	.	.	.	.	4	2	80	.	63	.	.		12	12
Finchley ..	.	.	.	.	.	3	100	1	17	.	.		6	.
Friern Barnet ..	.	.	.	.	.	.	100	2	17	a few	all		.	.
Greenford ..	1	.	3	.	.	.	100	.	4	.	all		.	.

Hampton ..	1	2	..	1	99.6	1	2	1	99.6	1	..	1
Hampton Wick ..	..	..	..	6	100	..	2	..	100	..	..	..
Hanwell ..	..	..	..	..	99.9	..	..	16	99.9	..	..	..
Harrow ..	..	..	..	..	100	..	23	3	100	..	8	..
Hayes ..	..	..	..	..	95	..	..	..	all	..	..	..
Hendon ..	..	..	..	..	99	..	16	15	99	2	..	..
Heston and Isleworth	..	..	..	1	99	..	53	10	100	..	..	..
Hornsey (<i>Borough</i>)	..	..	..	1	100	..	54	9	100	..	32	..
Kingsbury ..	..	..	..	..	..	..	..	..	..	..	..	..
Ruislip-Northwood	..	..	..	3	80	..	..	..	all	..	..	..
Southall-Norwood	..	..	..	5	Practically all	..	20	..	..	36	1	..
Southgate ..	..	..	..	1	Practically all	..	3	14	Practically all	3	..	..
Staines ..	1	3	..	1	96	..	..	..	90	4	..	..
Sunbury ..	..	..	..	4	95	..	12	..	95	17	..	..
Teddington	..	..	..	..	99	..	48	75	100	..	..	..
Tottenham	..	..	..	..	99.9	..	201	..	..	..	..	..
Twickenham	..	..	..	..	99.5	..	92	..	99.5	7	..	..
Uxbridge ..	1	4	..	..	Practically all	..	..	..	all	..	..	..
Wealdstone	..	..	..	..	100	..	..	..	all	..	..	..
Wembley ..	1	2	..	..	99	..	4	..	all	..	..	..
Willesden..	1	8	..	23	100	..	320	78	all	..	..	..
Wood Green	..	..	..	1	100	..	19	2	100	..	..	..
<i>Rural.</i>	..	..	..	..	..	..	4	..	..	..	..	..
Hendon ..	..	..	..	..	..	..	..	..	..	..	..	..
South Mimms	..	..	..	..	95	..	..	..	..	..	..	..
Staines ..	5	10	..	14	..	..	2	..	..	50	1	..
Uxbridge ..	..	..	..	..	75	..	..	..	75	2	1	..

Hampton Wick	10	100	During year 302	premise sewage system	re-drain ed and con nected to	1	..	100
Hanwell ..	67	99.9	135	117	55	26	110	99
Harrow ..	66	99	115	598	14	26	20	98
Hayes ..	During year 302		115	323	110	72	72	100
Hendon ..	187	99	117	359	..	..	..	..
Heston and Isleworth	588	98	598	..	..	2	..	70
Hornsey (Borough)	232	100	323	..	..	16	..	99
Kingsbury	..	..	..	..	..	..	..	..
Ruislip-Northwood	6	80	359	..	..	..	..	..
Southall-Norwood	..	practi- cally all	..	..	..	..	..	..
Southgate..	109	practi- cally all	74	..	67	1	52	practi- cally all
Staines ..	7	85	6	..	6	38	..	95
Sunbury ..	16	93	29	1	21	2	17	93
Teddington	..	100	1	132	1	10	..	98
Tottenham	..	100	2,097	412	110	..	18	99.9
Twickenham	..	99.5	152	111	18	10	6	99.5
Uxbridge ..	3	over 90	15	47	16	22	15	nearly all
Wealdstone	8	all	26	24	2	10	..	99.7
Wembley ..	24	99	18	25	9	5	8	99
Willesden..	326	all	472	289	188	147	61	all
Wood Green	146	100	140	76	47	..	45	100
Rural.								
Hendon ..	1	..	135	123	3	6	16	..
South Mimms	5	95	7	7	1	1	5	95
Staines ..	8	..	8	43	70	..	34	..
Uxbridge ..	11	..	10	10	..	..	4	63

COUNTY OF MIDDLESEX.—TABLE III.—continued.—SANITARY WORK, 1907—continued.

NAME OF SANITARY DISTRICT.	Disinfection.			Dust.			Method of Disposal, (a) Destructor, (b) by Tipping, (c) Other, state method.
	Rooms Disinfected, (a) Ordinary infectious di- seases, (b) Phthisis.	Rooms Stripped and Cleaned.	Articles Disinfected or De- stroyed, (a) Ordinary infectious diseases (b) Phthisis.	New Bins provided.	How frequently is dust re- moved from each house?	Number of Complaints of Non-removal received.	
<i>Urban.</i>							
Acton ..	a. 380 | b. 33	58	a. .. | b. ..	127	Weekly	..	a. ..
Brentford ..	114	60	1,180	43	..	..	..
Chiswick ..	208	305	13	230	Weekly	77	a. ..
Ealing (<i>Borough</i>) ..	352	18	4,727	107	ditto	50	a. ..
Edmonton ..	428 | 20	149	5,545 | 120	163	ditto	145	.. b. ..
Enfield ..	359	94	4,062	244	See Remarks	49	.. b. ..
Feltham ..	13 | 4	13	.. | ..	5	Weekly	1	.. b. ..
Finchley ..	237	21	3,936	90	ditto	23	.. c. ..
Friern Barnet ..	72	23	216	10	ditto	14	.. b. ..
Greenford..	12	7	56 | ..		Now undertaken by Council.		.. ..

Hampton ..	..	102	70	25	18	Weekly	2	..	b.	..
Hampton Wick ..	..	..	..	..	17	ditto	4	..	b.	..
Hanwell ..	..	105	1,850	78	37	ditto	4	..	b.	..
Harrow ..	..	20	823	197	59	ditto	9	..	..	c.
Hayes ..	..	..	..	..	..	Fortnightly	..	..	b.	..
Hendon ..	..	30	..	..	38	Weekly	20	..	b.	..
Heston and Isleworth	..	10	1,430	100	88	ditto	11	a.	..	..
Hornsey (<i>Borough</i>)	..	214	17,228	742	36	Once from houses, twice from flats each week	71	a.	..	..
Kingsbury ..	..	..	..	..	..	..	..	..	..	..
Buislip-Northwood	..	54	..	..	36	Weekly	15	..	b.	..
Southall-Norwood	..	..	625	..	..	ditto	..	..	b.	..
Southgate ..	..	89	1,124	70	112	ditto	11	..	b.	..
Staines ..	..	16	..	..	17	ditto	4	..	b.	..
Sunbury ..	..	10	6	..	181	ditto	6	..	b.	..
Teddington ..	..	18	..	..	6	Daily	..	..	b.	..
Tottenham ..	..	..	24,841	..	261	Weekly	150	..	..	..
Twickenham ..	..	60	756	32	428	ditto	8	a.	b.	..
Uxbridge ..	..	6	No steam disinfectors	..	48	Fortnightly	..	..	b.	..
Wealdstone ..	..	11	21	1	13	Weekly	24	..	b.	c.
Wembley ..	..	..	..	..	24	ditto	14	..	b.	..
Willesden ..	..	43	..	..	324	ditto	209	a.	b.	..
Wood Green ..	..	254	4,607	72	225	ditto	13	..	b.	..
<i>Rural.</i>										
Hendon ..	..	13	..	..	15	ditto	107	..	b.	..
South Mimms ..	..	11	..	..	..	..	..	..	..	..
Staines ..	..	78	..	..	..	Weekly in Ashford and Hanworth	..	..	b.	..
Uxbridge ..	..	10	..	..	13	Fortnightly	54	..	..	..

COUNTY OF MIDDLESEX.—TABLE III.—continued.—SANITARY WORK, 1907—continued.

NAME OF SANITARY DISTRICT.	Sundry Nuisances Abated.								Remarks as to any other matters or in explanation of previous columns.
	Overcrowding.	Smoke.	Accumulations of Refuse.	Foul Ditches, Ponds, &c., and Stagnant Water.	Foul Pigs and other Animals.	Dampness.	Yards repaved or repaired.	Other Nuisances.	
<i>Urban.</i>									
Acton ..	9	7	62	7	20	60	234	47	
Brentford ..	17	..	18	..	6	2	24	43	
Chiswick ..	10	..	9	..	24	68	119	668	
Ealing (<i>Borough</i>) ..	5	3	61	5	46	14	214	171	
Edmonton ..	28	34	25	9	20	213	49	234	
Enfield ..	21	1	55	2	71	306	144	19	<i>Enfield.</i> — <i>Dust.</i> —Greater part removed weekly, remainder fortnightly.
Feltham ..	..	..	10	..	2	6	1	4	
Finchley ..	7	2	26	5	7	.	116	174	<i>Finchley.</i> —Dust burnt in the open on the sewage farm. Other means of disposal under consideration.
Friern Barnet ..	2	1	17	4	11	63	37	77	
Greenford..	..	..	12	9	4	1	..	..

	1	..	17	2	5	44	2	5	
Hampton	1	1	..	
Hampton Wick	64	15	13	
Hanwell	28	40	30	
Harrow	
Hayes	22	
Hendon.	15	27	138	
Heston & Isleworth	212	168	144	
Hornsey (<i>Borough</i>)	21	55	60	
Kingsbury	
Ruislip-Northwood	1	5	29	
Southall-Norwood	15	
Southgate	14	75	22	
Staines	
Sunbury	20	6	20	
Teddington	20	..	15	
Tottenham	69	..	195	
Twickenham	82	64	229	
Uxbridge	26	30	59	
Wealdstone	6	3	6	
Wembley	16	32	50	
Willesden..	128	176	321	
Wood Green	22	29	198	
<i>Rural.</i>									
Hendon	183	22	8	10	6	..	
South Mimms	2	1	1	..	..	..
Staines	104	5	42	1	..	..
Uxbridge	4	6	1	2	1	16	

Harrow.—Refuse tipped in heap at sewage farm and burnt.

Wealdstone.—Dust. Method of disposal—tipping and burning.

Wood Green.—Disinfection was carried out after Cancer in 4 cases.

HARRISON AND SONS,
PRINTERS IN ORDINARY TO HIS MAJESTY,
ST. MARTIN'S LANE, W.C.

M.O. $\frac{46.}{1908}$

County Council of Middlesex.



ANNUAL REPORT

OF THE

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FOR THE

YEAR 1907,

INCLUDING A

SUMMARY OF THE ANNUAL REPORTS OF THE
DISTRICT MEDICAL OFFICERS OF HEALTH.

BY

C. W. F. YOUNG, M.D., D.P.H.,

County Medical Officer of Health.

London:

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